Indonesia Demographic and Health Survey 2007

Preliminary Report

Statistics Indonesia
Jakarta, Indonesia

National Family Planning Coordinating Board
Jakarta, Indonesia

Ministry of Health
Jakarta, Indonesia

MEASURE DHS
Calverton, Maryland USA

This report summarizes the findings of the 2007 Indonesia Demographic and Health Survey (IDHS) carried out by Statistics Indonesia (Badan Pusat Statistik—BPS). The IDHS is part of the worldwide Demographic and Health Surveys program, which is designed to collect data on fertility, family planning, and maternal and child health.

The Government of Indonesia supported the local costs of the survey. United Nations Population Fund (UNFPA) provided funds for questionnaires printing and shipment. Macro International, Inc (Macro) provided limited technical assistance under the auspices of the Demographic and Health Surveys (MEASURE DHS) program, which is supported by the U.S. Agency for International Development (USAID). The Ford Foundation provided funds for the expansion of the sample in 15 districts in Java, to allow estimates at the individual district. UNICEF also provided funds to allow estimates at the individual district in Nanggroe Aceh Darussalam Province and two districts in North Sumatera Province, Nias and South Nias.

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

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

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I INTRODUCTION

The 2007 Indonesia Demographic and Health Survey (IDHS) was implemented by Statistics Indonesia (Badan Pusat Statistik—BPS). The Government of Indonesia supported the local costs of the survey. United Nations Population Fund (UNFPA) provided funds for questionnaires printing and shipment. Macro International, Inc (Macro) provided limited technical assistance under the auspices of the Demographic and Health Surveys (MEASURE DHS) program, which is supported by the U.S. Agency for International Development (USAID). The Ford Foundation provided funds for the expansion of the sample in 15 districts in Java, to allow estimates at the individual district. UNICEF also provided funds to allow estimates at the individual district in Nanggroe Aceh Darussalam Province and two districts in North Sumatera Province, Nias and South Nias.

The 2007 IDHS is the sixth survey conducted in Indonesia under the auspices of the DHS program. Most of the data collected in the 2007 IDHS provide updated estimates of basic demographic and health indicators covered in previous IDHS surveys.

The 2007 IDHS is designed to provide information on population, family planning, and health. A scientifically selected sample of ever-married women age 15 to 49 years and currently married men age 15-54 were interviewed. Women were asked questions about their background, the children they had given birth to, their knowledge and use of family planning methods, the health of their children, reproductive health, and other information that will be helpful to policymakers and administrators in the health and family planning fields. The questionnaire for men was shorter than that for women, as it excluded detailed questions on individual children and children's health. However, men were asked about their knowledge, attitude and practice regarding health care for their wife and children.

This report presents a first look at selected findings of the 2007 IDHS.[1] A comprehensive analysis of the data will be published later. While considered provisional, the results presented here are not expected to differ significantly from those to be presented in the final report.

[1] The 2007 Indonesia Young Adult Reproductive Health Survey (IYARHS), a survey on the reproductive attitudes and behavior of the never-married population age 15-24, was conducted at the same time as the IDHS in a subsample of the households. A special report on the IYARHS findings will be prepared and issued at the same time as the IDHS main report.

II SURVEY IMPLEMENTATION

A. Questionnaires

The 2007 IDHS used three questionnaires: the Household Questionnaire, the Women's Questionnaire and the Men's Questionnaire. In consultation with the National Family Planning Coordinating Board (BKKBN) and the Ministry of Health (MOH), BPS made a decision to largely base the 2007 IDHS survey instruments on the questionnaires used in the 2002-03 IDHS in order to facilitate trend analysis. Input was solicited from other potential data users, and several modifications were made to optimize the draft 2007 IDHS instruments to collect the needs for population and health data. The draft IDHS questionnaires were also compared to the most recent version of the standard questionnaires used in the DHS program and minor modifications incorporated to facilitate international comparison.

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

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

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

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

B. Sample Design and Implementation

The sampling frame for this survey is the list of census blocks (CBs) developed for the 2007 National Labor Force Survey (Sakernas). A total of 1,694 CBs, 676 in urban areas and 1,018 in rural areas were selected from the list of CBs. The number of CBs selected in each district was not allo-

cated proportional to their total population. For the Sakernas, in each CB, a complete household listing and mapping was conducted in July 2007, which formed the basis for the second-stage sampling. An average of 25 households were selected systematically from each CB.

The 2007 IDHS sample is aimed at providing reliable estimates of key characteristics for ever-married women 15-49 and married men 15-54 in Indonesia as a whole, in urban and rural areas, and in each of the 33 provinces included in the survey. The sample was targeted to yield a total of 33,850 completed interviews with women and 12,200 interviews with men.

C. Training and Fieldwork

A total of 832 persons, 468 women and of 364 men, participated in the main survey training for interviewers. Training took place in June 2007 in seven traning centers between (Medan, Padang, Banten, D.I. Yogyakarta, Denpasar, Banjarmasin, and Makasar), and in July 2007 in two traning centers (Jayapura and Manokwari). The training included class presentations, mock interviews, and tests. All of the participants were trained using the Women's Questionnaire. Once the materials for the women's interview were completed, the male participants were trained in conducting an interview using the Men's Questionnaire. The training included practice interviews in Bahasa Indonesia and the participant's local language.

The 2007 IDHS employed 104 interviewing teams to collect the data. Fieldwork principally took place from 25 June to31 December, 2007. However, fieldwork had to be extended in several provinces including Riau Islands, Papua and West Papua because of flooding and other problems. Fieldwork was completed in all areas in February 2008.

D. Data Processing

All completed questionnaires for the IDHS, accompanied by their control forms, were returned to the BPS central office in Jakarta for data processing. This consisted of office editing, coding of open-ended questions, data entry, verification, and editing computer-identified errors. A team of 42 data entry clerks, data editors and data entry supervisors processed the data. Data entry and editing was carried using a computer package program called CSPro, which was specifically designed to process DHS-type survey data. During the preparation of the data entry programs, a BPS staff spent several weeks at ORC Macro offices in Calverton, Maryland. Data entry and editing activities, which began in September, 2007 were completed in March 2008.

III RESULTS

This section of the report focuses on key findings from the 2007 IDHS in the areas of fertility and family planning, maternal and child health, and HIV/AIDS awareness. The results in the main body of the report focus on the findings for Indonesia as a whole. Additional tables showing findings by province are included in the appendix of this report.

A. Response Rates

Table 1 shows response rates for the 2007 IDHS. A total of 42,341 households were selected in the sample, of which 41,131 were occupied. Of these households, 40,701 were successfully interviewed, yielding a household response rate of 99 percent.

In the interviewed households, 34,227 women were identified for individual interview and, of these, completed interviews were conducted with 32,895 women, yielding a response rate of 96 percent. In half of the households, 9,716 eligible men were identified, of which 8,758 were successfully interviewed, yielding a response rate of 90 percent. The lower response rate for men was due to the more frequent and longer absence of men from the household.

Table 1. Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Indonesia 2007

Result	Residence		
	Urban	Rural	Total
Household interviews			
Households selected	16,920	25,421	42,341
Households occupied	16,429	24,702	41,131
Households interviewed	16,224	24,477	40,701
Household response rate[1]	98.8	99.1	99.0
Individual interviews: women			
Number of eligible women	13,608	20,619	34,227
Number of eligible women interviewed	13,087	19,808	32,895
Eligible women response rate[2]	96.2	96.1	96.1
Individual interviews: men			
Number of eligible men	3,927	5,789	9,716
Number of eligible men interviewed	3,510	5,248	8,758
Eligible men response rate[2]	89.4	90.7	90.1

[1] Households interviewed / households occupied

[2] Respondents interviewed / eligible respondents

B. Characteristics of the Respondents

Table 2 shows the distribution of ever-married women age 15-49 and currently married men age 15-54 in the 2007 IDHS sample by selected background characteristics. Approximately one in three women are under 30 years of age, 94 percent are currently married, and 42 percent live in ur-

ban areas. Over time, women are becoming better educated, but the change is diminishing in recent years. The percentage of women with no education declined from 13 percent in 1997 to 8 percent in 2002-2003 and 7 percent in 2007. Over the same time period, the percentage of women with some secondary education increased from 38 percent to 46 percent.

Among the currently married men who were interviewed in the survey, 17 percent are under 30 years, 36 percent are in their thirties, and 47 percent are age 40-54. In general, men are better educated than women. The percentage of men with no education is lower than that of women, while the percentage of men with secondary or higher education is higher than that of women.

Table 2. Background characteristics of respondents

Percent distribution of ever-married women age 15-49 and currently married men age 15-54 by selected background characteristics, Indonesia 2007

	Women			Men		
Background characteristic	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15-19	2.6	845	914	0.3	29	19
20-24	12.4	4,094	4,156	4.9	432	442
25-29	17.5	5,771	6,170	12.7	1,116	1,190
30-34	18.3	6,020	6,317	16.2	1,418	1,587
35-39	18.3	6,004	5,898	19.2	1,679	1,708
40-44	16.3	5,365	5,034	17.9	1,570	1,500
45-49	14.6	4,795	4,406	15.5	1,359	1,268
50-54	na	na	na	13.2	1,155	1,044
Marital status						
Married	94.0	30,931	30,869	100.0	8,758	8,758
Divorced	3.1	1,012	1,035	na	na	na
Widowed	2.9	952	991	na	na	na
Residence						
Urban	41.8	13,745	13,087	42.6	3,728	3,510
Rural	58.2	19,150	19,808	57.4	5,030	5,248
Education						
No education	6.9	2,270	2,234	4.1	361	344
Some primary	16.9	5,572	5,503	18.3	1,605	1,444
Completed primary	30.6	10,077	8,834	26.7	2,339	2,084
Some secondary	20.6	6,781	7,048	19.7	1,721	1,868
Secondary +	24.9	8,193	9,273	31.1	2,727	3,016
Religion						
Islam	88.5	29,104	26,185	88.2	7,724	6,881
Protestant	6.0	1,989	3,598	6.1	531	990
Catholic	2.9	958	1,406	3.0	263	368
Hindu	1.8	592	1,286	2.0	174	408
Buddha	0.4	139	253	0.4	33	62
Confucian	0.2	74	120	0.1	7	12
Missing	0.1	38	47	0.1	8	11
Total	100.0	32,895	32,895	100.0	8,758	8,758

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

C. Fertility

All women who were interviewed in the 2007 IDHS were asked to report the total number of sons and daughters to whom they had ever given birth in their lifetime. To promote complete reporting of children, women were asked separately about children still living at home, those living elsewhere, and children who had died. A complete birth history was then obtained, including information on the sex, date of birth and survival status of each child and the age at death for dead children.

Age-specific fertility rates for the three-year period before the 2007 IDHS are shown in Table 3. Age-specific and total fertility rates were calculated directly from the birth history data. The sum of the age-specific fertility rates (known as the total fertility rate, or TFR) is a summary measure of the level of fertility. It represents the number of children a woman would have by the end of her childbearing years if she were to pass through those years bearing children at the currently observed age-specific rates. If fertility were to remain constant at current levels, a woman in Indonesia would bear an average of 2.6 children in her lifetime. Table 3 also shows that, overall, urban women have 0.6 fewer children than women in rural areas. This is true for age-specific fertility rates in all age groups but 25-29.

Table 3 also shows the general fertility rate (GFR) and crude birth rate (CBR). As in the case of the TFR, fertility levels in urban areas are lower than those in rural areas.

Table 3. Current Fertility

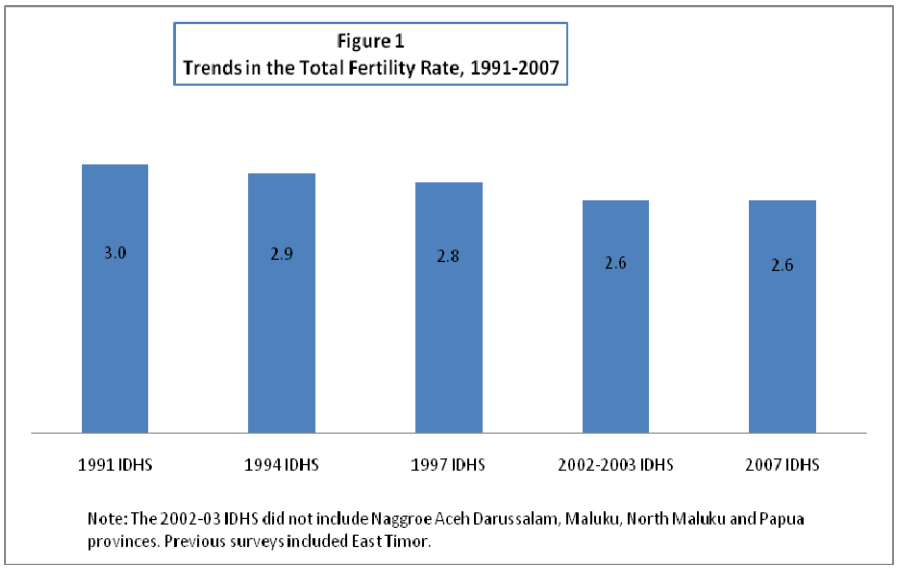
Age-specific and total fertility rate, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Indonesia 2007

	Residence		
Age group	Urban	Rural	Total
15-19	26	74	51
20-24	116	153	135
25-29	138	131	134
30-34	104	110	108
35-39	59	70	65
40-44	17	21	19
45-49	4	7	6
TFR	2.3	2.8	2.6
GFR	80.0	97.0	89.0
CBR	20.2	21.5	20.9
TFR [1]	2.3	2.8	2.6
GFR [1]	79.0	95.0	88.0
CBR [1]	20.1	21.1	20.7

Note:
[1] Excludes 5 provinces which were not included in the 2002-03 IDHS (NAD, Maluku, North Maluku, Papua, and West Papua).
Rates for age group 45-49 may be slightly biased due to truncation.
TFR: Total fertility rate for ages 15-49, expressed per woman

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

Figure 1 shows total fertility rates from the 1991, 1994, 1997, 2002-03, and 2007 IDHS surveys. There is a steady decline from 3 children per woman in 1991 to 2.6 children at the time of the 2002-2003 IDHS. Fertility appears to have stabilized at this level, with no change observed during the roughly five-year period between the 2002-2003 and 2007 IDHS surveys.



D. Family Planning

Knowledge of Contraception

Acquiring knowledge about fertility control is an important step towards gaining access to and then using a suitable contraceptive method in a timely and effective manner. The 2007 IDHS collected information on knowledge and use of contraception. To obtain these data, respondents were first asked to name all of the methods that they had heard about. For methods not mentioned spontaneously, a description of the method was read, and the respondents were asked if they had heard of the method. For each method named or recognized, respondents were asked if they had ever used the method. Finally, women were asked if they (or their partners) were currently using a method. For analytical purposes, contraceptive methods are grouped into two types: modern and traditional. Modern methods include female sterilization, male sterilization, pill, intra uterine device (IUD), injectables, implants, male condom, diaphragm, emergency contraception, and lactational amenorrhea method (LAM). Traditional methods include periodic abstinence (rhythm method), withdrawal, and folk methods.

Table 4 shows that knowledge of contraception is high among currently married women. Almost all respondents know at least one method of contraception. Knowledge of a modern method is also nearly universal (98 percent). The pill and injectables are known by almost all marrid women (95 and 96 percent, respectively). The next most well known modern methods are implants and IUD (86 and 84 percent, respectively). Periodic abstinence is the most widely known traditional method (39 percent).

Table 4 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women age 15-49 know any contraceptive method by background characteristics, Indonesia 2007

					Modern method									Traditional method			
Background characteris-tic	Any me-thod	Any mo-dern me-thod	Fe-male steril-iza-tion	Male ste-rilizatio-n	Pill	IUD	In-ject-ables	Im-plant-s	Male con-dom	Intra-vag/ dia-ph-ragm	Emer-gency con-tra-cep-tion	LAM	Any tradi-tional me-thod	Peri-odic absti-nence	With-draw-al	Folk me-thod	Num-ber of women
Age																	
15-19	97.2	97.0	41.5	20.2	92.1	57.2	93.1	73.0	62.4	6.3	2.7	12.6	24.8	14.8	16.	3.9	814
20-24	98.9	98.7	58.2	30.2	95.9	76.7	97.5	82.9	76.2	11.0	5.6	19.4	42.5	33.3	28.	4.1	3,952
25-29	99.1	98.8	64.8	39.2	96.6	84.8	98.1	87.6	80.5	13.5	7.3	24.5	51.8	41.3	36.	5.0	5,585
30-34	99.3	99.0	70.1	42.3	96.9	88.0	98.4	88.9	82.2	14.6	7.5	26.5	53.9	43.7	38.	6.0	5,765
35-39	99.1	98.9	71.9	43.7	95.6	88.1	97.0	90.4	78.6	14.8	6.2	24.9	52.3	42.0	35.	7.7	5,704
40-44	98.1	97.8	68.5	42.0	93.7	85.5	95.0	86.9	74.7	16.0	6.7	24.7	48.5	39.6	33.	6.9	4,899
45-49	96.7	96.3	63.9	39.0	91.6	81.4	92.8	81.1	68.3	12.5	5.2	19.1	41.0	31.4	27.	6.1	4,211
Residence																	
Urban	99.5	99.5	78.0	51.6	98.1	91.9	98.7	90.9	88.7	20.4	9.1	33.4	63.0	55.1	44.	7.0	12,84
Rural	97.9	97.5	57.6	30.6	93.0	78.2	95.0	83.2	68.4	9.0	4.5	16.1	38.0	26.8	25.	5.3	18,08
Education																	
No educa-	91.9	89.5	37.7	17.2	76.8	55.5	82.2	62.0	37.4	3.3	1.8	9.2	16.9	7.9	8.7	5.4	2,002
Some pri-	97.3	97.0	50.5	22.7	91.2	74.0	93.6	78.3	57.6	6.2	2.8	10.8	25.9	15.9	15.	4.0	5,112
Completed	98.9	98.8	62.0	33.0	95.6	82.1	97.1	86.1	72.9	7.7	3.3	15.0	37.6	26.2	23.	4.8	9,511
Some sec-	99.5	99.5	70.7	40.2	98.1	87.7	98.9	90.5	86.3	13.3	6.2	24.2	53.8	42.3	35.	6.2	6,494
Secondary	99.9	99.8	84.8	63.0	99.2	96.6	99.4	94.8	96.5	29.0	14.0	44.6	79.9	73.1	60.	8.8	7,810
Living Children																	
0	95.9	95.8	55.5	35.3	92.7	73.7	92.9	76.2	73.9	13.2	7.0	18.7	43.7	36.0	31.	4.1	2,488
1-2	99.2	99.0	67.7	40.0	96.4	85.5	97.4	87.9	79.2	14.2	6.6	24.8	49.6	40.2	34.	5.7	17,44
3-4	98.8	98.4	69.0	41.8	94.7	85.5	96.6	88.0	76.2	14.3	6.2	23.8	49.8	39.1	33.	7.1	8,396
5+	96.5	96.1	56.4	31.2	90.3	77.6	93.8	80.5	65.6	9.5	5.2	15.8	40.3	28.2	27.	6.1	2,600
Total	98.6	98.3	66.1	39.4	95.1	83.9	96.5	86.4	76.8	13.7	6.4	23.3	48.4	38.5	33.	6.0	30,93

Current Use of Family Planning

Table 5 shows that 61 percent of married women age 15-49 in Indonesia use a method of family planning. Most of these women use a modern method of contraception (57 percent), with use of traditional methods being quite limited. As in the 2002-03 IDHS, the most popular modern methods are injectables (32 percent), the pill (13 percent), and IUD (5 percent). Three percent of women each use female sterilization and implants. The injectables continue to gain popularity (28 percent in 2002-03 to 32 percent in 2007). Over the same period, the use of other methods, either stayed at the same level (the pill 13 percent), or slightly declined (e.g., female sterilization and implants from 4 percent to 3 percent, and IUD from 6 percent to 5 percent).

Use of contraception varies by the women's characteristics. The rate is low among women in the youngest and oldest age group, and peaks at age 30-34. Older women are less likely to use a modern method and more likely to use traditional methods. Permanent methods (female and male sterilization) or long-term methods like the IUD are more popular among older women.

Table 5. Current use of contraception

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Indonesia 2007

			Modern method								Traditional method						
Background characteristic	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	LAM	Any traditional method	Periodic abstinence	Withdrawal	Folk method	Not currently using	Total	Number of women
Age																	
15-19	46.8	46.2	0.0	0.0	10.0	0.0	34.8	1.0	0.2	0.2	0.7	0.1	0.5	0.1	53.2	100.0	814
20-24	61.5	59.9	0.0	0.0	12.0	1.3	43.9	2.1	0.6	0.1	1.6	0.3	1.1	0.2	38.5	100.0	3,952
25-29	64.1	60.7	0.2	0.0	14.1	2.6	40.3	2.5	1.0	0.0	3.3	0.9	2.1	0.3	35.9	100.0	5,585
30-34	69.1	64.7	1.3	0.1	14.9	4.2	39.3	3.1	1.7	0.1	4.4	1.7	2.2	0.5	30.9	100.0	5,765
35-39	68.6	63.0	3.8	0.2	16.3	6.2	30.7	4.1	1.6	0.0	5.5	2.7	2.4	0.5	31.4	100.0	5,704
40-44	59.6	54.6	6.6	0.5	12.9	7.9	21.7	3.0	2.0	0.0	5.0	2.1	2.5	0.5	40.4	100.0	4,899
45-49	42.1	38.2	7.4	0.5	7.9	8.1	11.8	1.5	1.0	0.0	3.9	1.2	2.2	0.5	57.9	100.0	4,211
Residence																	
Urban	62.5	57.1	4.0	0.2	13.9	6.7	28.0	1.8	2.4	0.0	5.3	2.3	2.6	0.4	37.5	100.0	12,842
Rural	60.6	57.5	2.3	0.2	12.8	3.6	34.5	3.5	0.5	0.0	3.0	0.9	1.7	0.4	39.4	100.0	18,089
Education																	
No education	42.3	40.1	2.5	0.8	7.1	3.6	21.7	4.2	0.3	0.0	2.2	0.1	0.9	1.2	57.7	100.0	2,002
Some primary	54.0	51.5	4.1	0.2	11.7	3.8	27.9	3.3	0.4	0.0	2.6	0.5	1.6	0.5	46.0	100.0	5,112
Compl. primary	64.0	61.1	2.2	0.2	14.7	3.7	36.9	2.9	0.4	0.0	2.9	0.7	1.9	0.3	36.0	100.0	9,511
Some secondary	65.5	61.4	2.8	0.1	13.9	3.3	37.8	2.4	1.1	0.0	4.1	1.6	2.3	0.3	34.5	100.0	6,494
Secondary +	64.4	57.8	3.6	0.2	13.6	8.8	26.0	2.1	3.4	0.1	6.6	3.4	2.8	0.3	35.6	100.0	7,810

Living Children																	
0	8.3	7.9	0.0	0.0	3.5	0.0	4.1	0.0	0.1	0.0	0.4	0.1	0.3	0.0	91.7	100.0	2,488
1–2	68.1	64.3	1.1	0.1	14.5	5.4	38.7	3.0	1.4	0.0	3.7	1.5	1.9	0.3	31.9	100.0	17,447
3–4	67.7	62.5	6.7	0.3	15.1	5.9	29.6	3.2	1.6	0.0	5.2	1.9	2.6	0.7	32.3	100.0	8,396
5+	46.7	41.5	7.1	0.5	8.0	2.7	19.3	2.7	1.0	0.0	5.2	1.4	3.3	0.5	53.3	100.0	2,600
Total	61.4	57.4	3.0	0.2	13.2	4.9	31.8	2.8	1.3	0.0	4.0	1.5	2.1	0.4	38.6	100.0	30,931

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

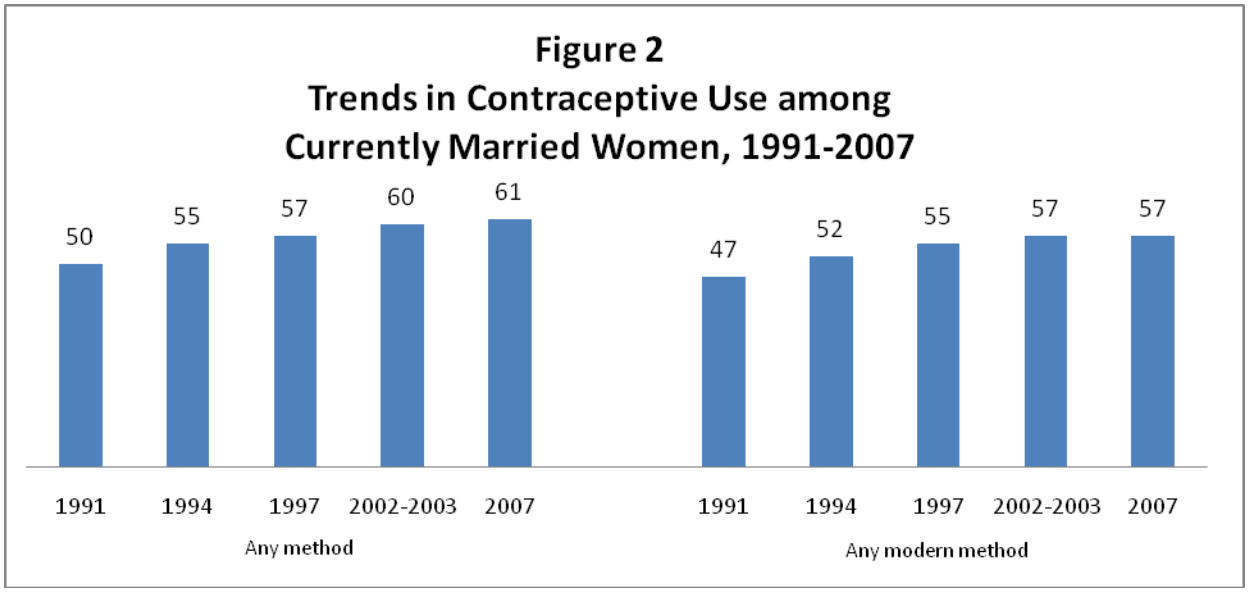
Contraceptive use varies by residence. Urban women are not only more likely to use contraception, but also tend to use long-term methods like female sterilization and IUD. Rural women, on the other hand, are more likely to use injectables and implants.

Contraceptive use increases with women's level of education. While less than half of married women with no formal education are currently using a method, at least 64 percent of women who completed primary or higher education are using a method of family planning.

The association between contraceptive use and a woman's parity is obvious in Table 5. As expected, women with children are more likely to use contraception than women with no children. Whereas few women with no children are using a family planning method, two in three women with one to fourchildren areusing contraception.

It has been observed in previous IDHS surveys that traditional methods, especially periodic abstinence, are more popular among urban women, better educated women, and women with higher parity.

Figure 2 shows the trends in contraceptive use between 1991 and 2007. There has been a gradual and steady increase in contraceptive prevalence rate among currently married women in Indonesia from 50 percent in 1991 to 61 percent in 2002-03. In the past five years, however, the increase has been minimal (60 percent in 2002-03 to 61 percent in 2007).



E. Unmet Need for Family Planning Services

Table 6 presents data on the level of unmet need, met need, and the total demand for family planning services for currently married women age 15-49 by background characteristics. Nine percent of currently married women in Indonesia have an unmet need for family planning; 4 percent are in need because they want no more children and 5 percent because they would like to delay the next birth for two or more years. The total met need for family planning (i.e., the proportion currently using contraception) is 61 percent; 36 percent of married women are using contraception to limit the number of children and 25 percent for spacing purposes. Taking both the met and unmet need into account, the total demand for family planning among currently married women in Indonesia is 70 percent, of which 87 percent satisfied. If this demand is satisfied, the contraceptive prevalence in Indonesia among currently married women will be 71 percent instead of 61 percent.

The total unmet need for family planning services in Indonesia has remained unchanged since the 1997 IDHS (BPS and ORC Macro, 2005). The overall demand for family planning in 2002-03 is also 70 percent, of which 88 percent has been satisfied.

Table 6 Need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage for the demand for contraception that is satisfied, by background characteristics, Indonesia 2007 April 20

Unmet need for family planning	Met need for family planning (currently using)	Total demand for fam-

No education	3.0	7.7	10.6	8.7	33.6	42.3	11.7	41.3	53.0	80.0	2,002
Incomplete primary	3.2	6.2	9.4	16.5	37.6	54.0	19.8	43.8	63.6	85.2	5,112
Complete primary	4.1	4.9	9.0	25.6	38.4	64.0	29.8	43.4	73.2	87.7	9,511
Some secondary	5.2	4.0	9.2	32.2	33.3	65.5	37.6	37.4	74.9	87.8	6,494
Secondary +	4.9	3.4	8.4	28.4	36.0	64.4	33.5	39.5	72.9	88.5	7,810
Total	4.3	4.7	9.1	25.1	36.3	61.4	29.5	41.1	70.6	87.2	30,931
Total[3]	4.2	4.7	8.8	25.2	36.9	62.0	29.4	41.6	71.1	87.6	29,857

[1] Unmet need for spacing includes pregnant women whose pregnancy was mistimed; amenorrheic women who are not using family planning and whose last birth was mistimed, or whose last birth was unwanted but now say they want more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and say they want to wait 2 or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth

Unmet need for limiting refers to pregnant women whose pregnancy was unwanted; amenorrheic women who are not using family planning, whose last child was unwanted and who do not want any more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want no more children

[2] Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another

Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here

[3] Excludes 5 provinces which were not included in the 2002-03 IDHS (NAD, Maluku, North Maluku, Papua, and West Papua).

F. Fertility Preferences

To gauge future fertility preferences, in the 2007 IDHS currently married respondents were asked whether or not they wanted another child and, if so, how soon. Overall, half of married women stated that they want no more children and three percent have been sterilized. Four in ten married women would like to have another child; 14 percent want another child within two years, 24 percent would prefer to wait two or more years, and three percent could not decide on the timing (Table 6). Thus, currently, eight in ten married women want either to space their next birth or to end childbearing. This represents the proportion of women who are potentially in need of some method of family planning.

Table 7 also shows that the desire to limit childbearing increases rapidly with the number of living children women have had; 84 percent of women with no child want to have another child compared with 8 percent of women with two children. On the other hand, the proportion wanting no more children increases from 15 percent among women with one child to 60 percent among those with two children and 80 percent or higher among women with five or more children.

Table 7. Fertility preferences by number of living children

Percent distribution of currently married women age 15-49 by desire for children, according to number of living children, Indonesia 2007

	Number of living children[1]							
Desire for children	0	1	2	3	4	5	6+	Total
Have another soon[2]	83.2	20.4	7.7	3.5	2.4	1.3	0.8	13.8
Have another later[3]	6.3	54.8	21.0	9.6	6.0	3.6	1.9	24.1

Have another, undecided when	2.4	5.4	3.7	2.1	1.1	0.9	0.5	3.3
Undecided	1.1	3.2	5.0	4.5	3.7	3.4	5.0	4.0
Want no more	3.9	14.9	59.8	72.5	76.7	80.4	81.2	50.2
Sterilized[4]	0.1	0.3	2.0	6.4	7.8	8.8	6.1	3.3
Declare infecund	3.0	0.9	0.8	1.1	1.8	1.3	4.0	1.2
Missing	0.0	0.1	0.1	0.2	0.5	0.2	0.5	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,859	8,239	9,566	5,789	2,823	1,315	1,340	30,931

[1] Includes current pregnancy
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both male and female sterilization

G. Maternity Care

Proper care during pregnancy and delivery are important for the health of both the mother and the baby in the 2007 IDHS, women who had given birth in the five years preceding the survey were asked a series of questions about maternal and child health care. For antenatal care (ANC), the interviewer was instructed to record all responses if more than one source of antenatal care was mentioned; however, in Table 8 only the provider with the highest qualifications is considered. For 93 percent of last births in the five years preceding the survey, ANC was received from a medically trained person (Table 8). Women age 20-34 are more likely than younger and older women to receive ANC from a health professional. ANC by a medically trained person is higher among women with lower order births, who may also be younger. Coverage of ANC is higher in urban areas than in rural areas (98 percent and 90 percent, respectively). ANC coverage has a strong positive association with the woman's education increasing from 63 percent of the small number of women with no education to 99 percent for women with higher than secondary education.

Tetanus toxoid (TT) injections are given during pregnancy to prevent neonatal tetanus, a major cause of death among infants in many developing countries. In the 2007 IDHS, for the last birth since January 2002, the mothers were asked whether they had received tetanus toxoid injections while pregnant. Table 8 indicates that mothers received at least one TT injection during pregnancy for 73 percent of their most recent births. Mothers age 20-34 years, mothers of low-order births, those living in urban areas, and better-educated mothers are more likely to have received TT injections during pregnancy.

The third column in Table 8 shows the percentage of women who received iron supplementation when they were pregnant with their most recent birth in the five years preceding the survey. Overall, 77 percent of mothers reported receiving iron tablets. Again, women age 20-34, those with lower birth order, women living in urban areas and with better education are more likely to have received iron tablets.

Unlike ANC, which was collected only for the last live birth, information on delivery care was collected for all births in the five years preceding the survey. As with antenatal care, the interviewer was instructed to record all responses if more than one person assisted during delivery, with only the most highly qualified person considered in Table 8. More than seven in ten births in the five years before the survey, the mothers were assisted by trained medical personnel during delivery. Differentials by background characteristics of the mother are similar to those for ANC.

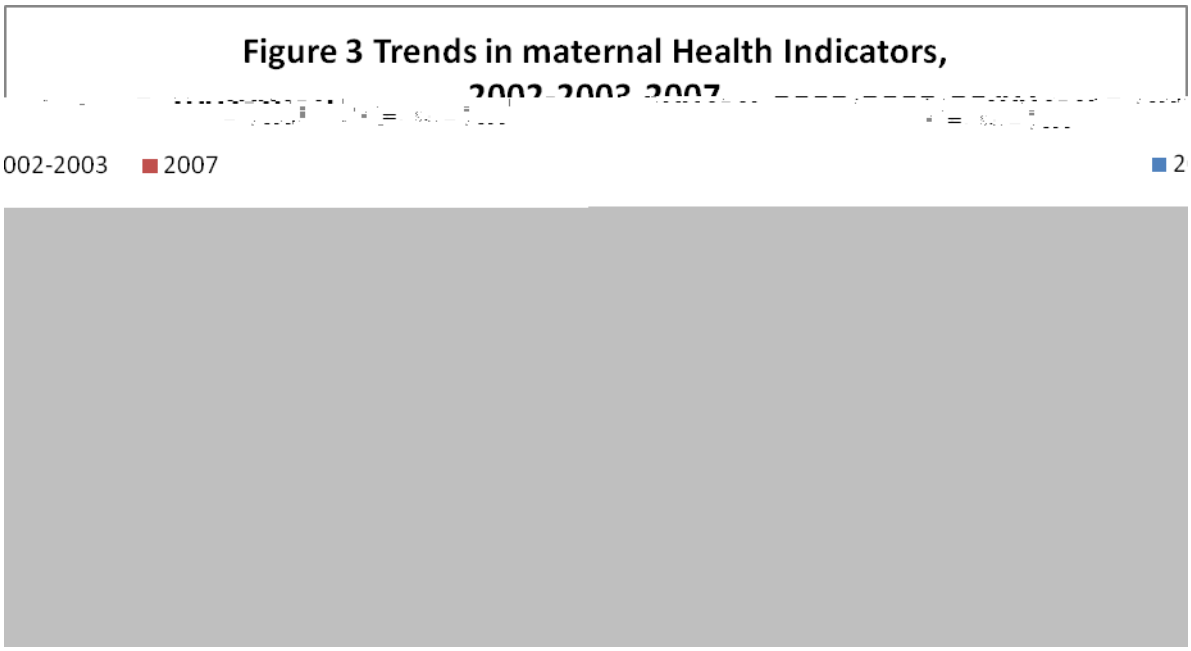
The last column in Table 8 shows that 40 percent of births in the five years preceding the survey were delivered in a health facility. As with tetanus toxoid coverage, ANC, and delivery assistance, women 20-34, those with lower parity, urban women and better educated women are more likely than others to receive better medical services during delivery.

Table 8. Maternal care indicators

Percentage of women age 15-49 who had a live birth in the five years preceding the survey who received antenatal care from a health professional for the most recent birth, and for the most recent birth received at least one tetanus toxoid injection during pregnancy and given iron tablets during pregnancy, and among all live births in the five years before the survey, percentage delivered by a health professional and percentage delivered in a health facility, according to background characteristics, Indonesia 2007

Background characteristic	Percentage with antenatal care from health professional	Percentage given at least one tetanus toxoid injection during pregnancy	Percentage given iron tablets or syrup during pregnancy	Number of women	Percentage delivered by a health professional[1]	Percentage delivered in a health facility	Number of births
Mother's age at birth							
<20	90.8	66.4	74.6	1,385	62.6	35.8	1,716
20-34	94.2	74.7	78.9	10,552	74.8	47.4	12,482
35+	90.1	69.2	71.2	2,106	71.1	46.2	2,306
Mother's age at birth (5 year age groups)							
<20	90.8	66.4	74.6	1,385	62.6	35.8	1,716
20-24	93.9	74.8	78.8	3,796	72.1	43.9	4,573
25-29	94.5	73.6	79.4	3,731	76.0	49.8	4,340
30-34	94.3	75.8	78.4	3,026	76.7	49.1	3,569
35-39	93.0	72.2	74.6	1,572	74.3	48.7	1,745
40-44	82.5	61.0	62.7	466	64.3	39.6	488
45-49	75.1	55.9	51.9	67	40.3	31.7	73
Birth order							
1	95.2	75.1	80.6	4,856	79.6	54.4	5,855
2-3	94.4	75.2	80.0	6,568	73.4	45.6	7,529
4-5	90.4	68.2	68.8	1,860	65.4	34.5	2,207
6+	78.1	52.2	54.9	759	46.2	24.1	913
Residence							
Urban	97.7	77.5	84.0	5,897	87.6	70.3	6,835

tics. The proportion of births delivered by a health prefessional increased from 66 percent to 73 percent, and the proportion of births delivered in a health facility increased from 40 percent to 46 percent.



H. Vaccination of Children

In the 2007 IDHS, mothers were asked to show

with mother's level of education; 19 percent for children whose mother have had no education to 73 percent for children whose mothers have had more than secondary education.

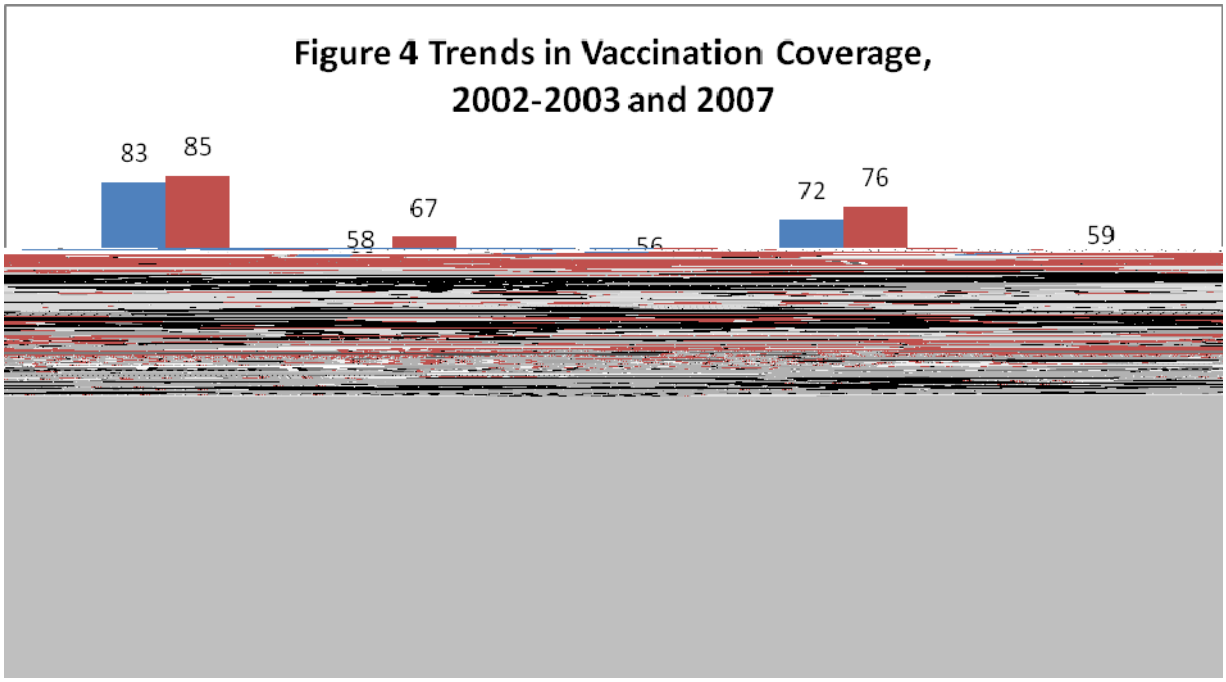
Table 9. Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card seen, by background characteristics, Indonesia 2007

Background characteristic	BCG	DPT			Polio				Measles	All basic vaccinations[1]	No vaccinations	Hepatitis B			Percentage with a vaccination card	Number of children
		1	2	3	1	2	3	4				1	2	3		
Sex																
Male	86.1	84.5	74.7	65.6	88.4	82.0	72.2	54.4	75.1	56.3	8.9	80.5	71.5	59.4	37.9	1,622
Female	84.7	84.3	76.8	67.9	89.2	83.2	74.8	56.7	77.9	61.0	8.2	80.4	72.0	61.2	35.6	1,472
Birth order																
1	89.1	89.0	80.0	72.7	90.5	85.0	77.4	60.2	78.8	63.2	6.0	84.0	75.1	65.8	41.9	1,139
2-3	85.4	84.8	76.8	66.3	89.8	84.2	74.4	55.5	76.8	58.6	8.6	82.3	73.3	59.6	36.8	1,382
4-5	79.2	76.5	68.7	59.8	84.4	76.6	67.6	49.7	72.6	53.3	12.6	71.8	64.9	55.6	30.4	416
6+	75.7	68.7	53.3	44.8	79.8	66.4	51.7	36.3	66.0	39.0	17.1	61.5	51.3	39.1	16.7	158
Residence																
Urban	92.0	91.3	83.6	74.8	94.4	89.5	82.2	64.0	82.0	67.5	4.7	88.8	81.0	70.0	38.1	1,274
Rural	80.8	79.5	70.2	61.0	84.9	77.7	67.3	49.5	72.5	52.3	11.3	74.6	65.2	53.5	35.9	1,820
Education																
No education	58.9	47.8	41.7	28.1	65.3	45.5	32.3	17.8	49.0	18.7	31.7	44.5	38.9	21.1	18.7	68
Some primary	71.1	61.9	52.7	43.5	76.4	68.5	57.5	36.2	63.5	37.3	20.3	60.6	47.5	36.6	23.8	352
Completed primary	80.3	81.3	70.1	59.9	85.7	77.2	65.4	47.1	71.0	52.1	11.3	75.5	64.1	51.5	38.3	898
Some secondary	87.6	87.6	77.9	69.2	90.8	85.0	75.8	62.3	76.0	60.6	6.1	82.4	75.3	65.1	40.8	754
Secondary +	95.0	95.0	89.1	81.2	95.9	92.8	87.1	67.1	87.8	72.8	2.5	92.6	86.3	75.3	38.2	1,022
Total	85.4	84.4	75.7	66.7	88.8	82.6	73.5	55.5	76.4	58.6	8.6	80.5	71.7	60.3	36.8	3,094
Total[a]	86.3	85.4	76.9	68.1	89.7	83.8	74.8	56.8	77.4	59.9	7.8	81.6	73.1	61.7	37.6	2,951

[a] Excludes 5 provinces which were not included in the 2002-03 IDHS (NAD, Maluku, North Maluku, Papua, and West Papua).
[1] BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

Figure 4 shows the trend in immunization coverage and health card coverage since the 2002-03 IDHS. The 2007 survey recorded significant gains in coverage for all vaccines.



I. Childhood Illnesses

In the 2007 IDHS, several questions were included to obtain information on the prevalence and treatment practices for acute respiratory infection and diarrhea, illnesses that are known to con-

children with ARI symptoms, advice or treatment was sought from a health provider. Children under six months were less likely than children in other age groups to receive treatment. Treatment of ARI varies little by the child's sex. Urban children are more likely to have received treatment for their ARI symptoms than rural children (84 percent and 73 percent, respectively). Treatment of children with ARI increases with their mother's education; 42 percent for children whose mother has no formal education were likely to have been taken to a provider compared with 87 percent for children whose mothers have more than secondary education.

Treatment or advice was sought for 58 percent of children with diarrhea, and 35 percent were given solution prepared from packets of oral rehydration salts (ORS). Mother's education plays a role in whether advice or treatment is sought for the diarrhea. Better-educated mothers are more likely than less educated mothers to seek advice for their children.

Table 10 also shows the percentage of children with diarrhea who were given oral rehydration therapy, which includes solution prepared from ORS, recommended homemade fluids and increased fluids. Overall, 61 percent of children with diarrhea were given ORT. ORT is less likely to be given to young children (under 6 months old). Otherwise, the proportions receiving ORT do not vary markedly by other characteristics

Table 10. Treatment for acute respiratory infection, fever, and diarrhea

Among children under five years who were sick with a cough accompanied by short, rapid breathing (symptoms of acute respiratory infection – ARI) or fever in the two weeks preceding the survey, percentage for whom treatment was sought from a health facility or provider, and among children under five years who were sick with diarrhea during the two weeks preceding the survey, percentage for whom treatment was sought from a health facility or provider, percentage given a solution made from oral rehydration salt (ORS) packets, and percentage given any oral rehydration therapy (ORT), by background characteristics, Indonesia 2007

Completed primary	72.6	1,683	50.5	32.5	59.6	683
Some secondary	81.5	1,479	63.9	40.3	64.8	558
Secondary +	87.4	1,446	70.4	35.3	60.7	522
Total	76.9	5,539	57.9	34.7	60.9	2,180
Total[a]	76.6	5,274	57.2	34.4	60.5	2,064

[a] Excludes 5 provinces which were not included in the 2002-03 IDHS (NAD, Maluku, North Maluku, Papua, and West Papua).
[1] Excludes pharmacy, shop, traditional practitioner
[2] Includes ORS, recommended home fluids, or increased fluids

J. Infant Feeding Practices

Breast milk contains all the nutrients needed by children in the first 6 months of life. Supplementing breast milk before the child is 6 months of age is discouraged because it increases the likelihood of contamination and hence, risks of diarrheal disease. At a later stage of the baby's development, breast milk should be supplemented by other liquids and eventually by solid or mushy food to provide adequate nourishment.

The 2007 IDHS collected data on infant feeding for all children born in the three years preceding the survey and living with their mothers. Table 11 shows that 32 percent of infants under age 6 months are being exclusively breastfed. For the rest, breast milk is supplemented with other milk (18 percent), plain water (9 percent), non-milk liquids or juices (2 percent), or with solid or semi-solid food (30 percent). By age 6-9 months, 14 percent of infants are no longer being breastfed, and 75 percent receive complementary food.

Feeding of babies using a bottle with a nipple is not recommended at any age. However, the 2007 IDHS findings show that this practice has increased substantially since the 2002-03 IDHS. Overall, in 2007, 25 percent of babies under two months of age are being given this type of feeding compared with 14 percent in 2002-03. The proportion of babies who use a bottle with a nipple for children under six months in 2007 also is higher than that in 2002-03 (28 percent and 17 percent, respectively).

Table 11. Breastfeeding status by age

Percent distribution of youngest children under three years living with the mother by breastfeeding status, and percentage of children under three years using a bottle with a nipple, according to age in months, Indonesia 2007

	Breastfeeding and consuming:	
Age in months	Not breast-feeding	

<6	8.5	32.4	8.9	1.7	18.1	30.4	100.0	1,664	27.9	1,686
6-9	13.7	4.5	3.8	0.6	2.5	75.0	100.0	1,188	26.9	1,215
<6[a]	8.5	32.5	9.1	1.6	18.3	30.0	100.0	1,584	28.1	1,605
6-9[a]	13.6	4.4	3.8	0.5	2.5	75.3	100.0	1,141	27.0	1,168

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as *breastfeeding and consuming plain water only* consume no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, water-based liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus, children who receive breast milk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

[1] Based on all children under three years

[a] Excludes 5 provinces which were not included in the 2002-03 IDHS (NAD, Maluku, North Maluku, Papua, and West Papua).

K. Childhood Mortality

An important objective of the 2007 IDHS was to measure levels and trends in mortality among children. The childhood mortality rates presented in Table 12 are estimated directly from information obtained in the birth history section of the Woman's Questionnaire on each child's birth date, survivorship status, and the age at death for children who died. The rates are defined as followed:

- Neonatal mortality: the probability of death in the first month
- Postneonatal mortality: the difference between infant mortality and neonatal mortality
- Infant mortality: the probability of death before the first birthday
- Child mortality: the probability of death between the first and fifth birthdays
- Under-five mortality: the probability of death before the fifth birthday.

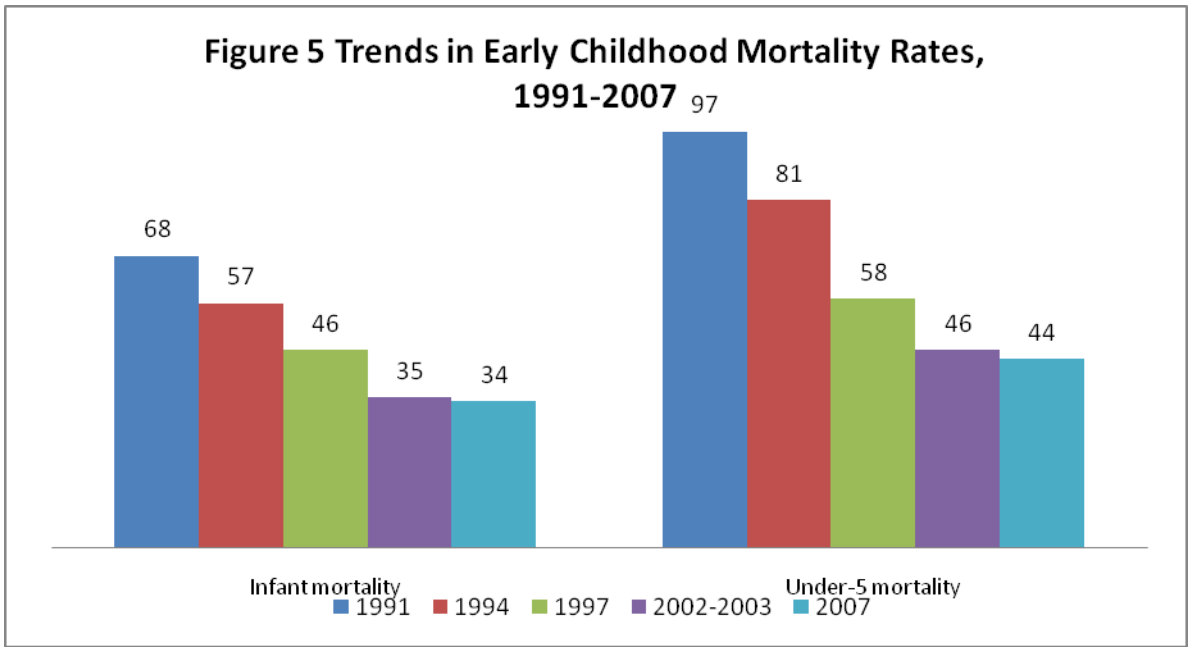
The rates shown in Table 12 were calculated for three five-year periods before the survey. For the most recent five-year period, the under-five mortality rate was 45 deaths per 1,000 live births. Looking at the age pattern of mortality during the five-year period prior to the survey, more than three-fourths of all deaths took place during the first year of the child's life. In turn, the majority of infant deaths occurred during neonatal period.

Table 12. Early childhood mortality rates

Neonatal, post-neonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Indonesia 2007

Years preceding the survey	Approximate calendar year	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
0-4	2003-2007	20	15	34	11	45
5-9	1998-2002	24	21	44	15	59
10-14	1988-1997	28	25	53	17	69
0-4[a]	2003-2007	19	15	34	10	43
5-9[a]	1998-2002	23	21	44	14	57
10-14[a]	1988-1997	28	25	54	16	69

Figure 5 shows the trends in infant and under-five mortality since the 1991 IDHS. The figure shows that the decline in childhood mortality has slowed down in recent years, as is the case in populations with low mortality rates.



L. Knowledge of HIV/AIDS

Since 1994, the Government of Indonesia has been promoting a National AIDS Strategy, a collaborative effort by the government, non-government organizations, the private sector, and the community. The strategy promotes healthy life, safe sex, safe injection, condom use and supporting people living with HIV/AIDS.

In the 2007 IDHS, female and male respondents were asked whether they had heard of AIDS, and if so, what were their perceptions regarding prevention and treatment of the disease. Table 12 shows that 61 percent of ever-married women and 71 percent of currently married men reported having heard of AIDS. These rates are practically the same as those recorded in the 2002-03 IDHS (59 percent for women and 73 percent for men, respectively).

Data in Table 13 show that knowledge of AIDS among women varies according to the woman's background characteristics. Women age 20-39, married women, women who live in the urban areas and better-educated women are more likely than other women to have heard of AIDS. The knowledge level among married men follows the women's pattern, with levels markedly higher among urban and better-educated men.

Table 13. Knowledge of AIDS

Percentage of women and married men who have heard of AIDS by background characteristics, Indonesia 2007

Background characteristic	Women: Have heard of AIDS	Women: Number	Men: Have heard of AIDS	Men: Number

reduce the risk of getting the AIDS virus. The knowledge level among married men follows the women's pattern, high among urban and better-educated men.

Table 14. Knowledge of ways to reduce the risk of getting the AIDS virus

Percentage of ever-married women age 15-49 and currently married men age 15-54 who, in response to prompted questions, say

15.1 shows that only 8 percent of ever-married women reported having heard of VCT. Data in Table 15.1 show that knowledge of VCT among women varies according to the woman's background characteristics. Knowledge of VCT among women age 15-19 is very limited (3 percent). Women age 20-39, women who live in the urban areas, and women who completed secondary education are more likely than other women to have heard of VCT. Knowledge of VCT decreases with increasing number of children; women with no children are the most likely than women with children to have heard of VCT.

Table 15.1 Knowledge about Voluntary Counseling and Testing (VCT): Women

Percentage of ever married women age 15-49 who know about Voluntary HIV Counseling and Testing (VCT) and percentage who know specific VCT providers by background characteristics, Indonesia 2007

	Knows VCT		Knows VCT provider												
Background characteristic	Percentage who knows VCT	Currently married women	Public hospital	Public health center	Public clinic	Public VCT clinic	Other public	Private hospital	Private clinic	Private VCT clinic	Private doctor	Private nurse/ midwife	Other private medical	Other	Number of currently married women who know VCT
Age															
15-19	2.9	845	(53.2)	(35.2)	(0.0)	(6.9)	(0.0)	(9.4)	(0.0)	(0.0)	(6.8)	(6.6)	(0.0)	(2.9)	24
20-24	7.1	4,094	55.2	8.5	1.0	6.2	0.7	14.3	2.0	3.4	12.4	8.6	3.2	7.8	292
25-29	8.9	5,771	65.0	13.2	3.5	10.8	0.4	13.9	3.1	4.0	7.2	3.1	3.7	6.3	514
30-34	8.4	6,020	70.9	13.6	0.4	7.6	1.0	13.4	0.5	3.3	7.7	2.0	2.7	5.2	505
35-39	9.1	6,004	75.8	16.8	0.9	6.3	1.7	18.7	0.9	3.1	4.3	2.3	1.5	5.1	545
40-44	6.1	5,365	79.0	12.7	0.2	8.7	2.1	16.0	0.3	4.5	7.5	0.8	0.4	4.6	325
45-49	6.1	4,795	71.2	14.5	2.7	10.1	1.9	11.2	0.3	4.2	6.4	0.4	2.0	4.5	291
Residence															
Urban	12.4	13,745	72.2	12.0	1.7	8.8	1.2	15.8	1.0	3.8	5.5	1.6	2.2	5.0	1,705
Rural	4.1	19,150	64.9	17.7	1.0	7.0	1.2	12.6	1.8	3.3	10.8	5.1	2.5	6.7	792
Education															
No education	0.3	2,270	*	*	*	*	*	*	*	*	*	*	*	*	7
Some primary	1.3	5,572	74.1	17.2	0.0	6.2	0.0	11.9	0.0	1.1	6.1	6.7	0.0	8.8	72
Completed primary	2.6	10,077	72.5	22.1	0.4	1.3	0.7	9.6	0.1	0.7	8.6	4.7	0.1	6.1	264
Some secondary	6.7	6,781	66.3	16.6	0.6	3.8	0.1	9.1	1.9	3.8	7.5	3.0	2.4	6.4	453
Secondary +	20.8	8,193	70.1	11.6	1.9	10.6	1.6	17.3	1.3	4.1	6.9	2.2	2.7	5.1	1,700
Living Children															
0	10.6	2,687	64.3	11.3	0.9	12.6	0.5	10.6	0.7	5.4	11.6	3.0	2.7	7.0	285
1-2	8.1	18,545	69.2	13.4	1.7	8.0	0.8	16.1	1.8	3.6	7.7	3.0	2.6	5.6	1,511
3-4	6.8	8,908	72.9	16.5	0.4	6.5	2.6	14.5	0.3	3.4	3.9	2.2	1.3	4.9	605
5+	3.5	2,754	76.9	9.4	5.7	9.9	1.5	8.6	0.0	0.4	7.1	0.8	3.1	3.8	97
Total	7.6	32,895	69.8	13.8	1.5	8.2	1.2	14.8	1.2	3.7	7.2	2.7	2.3	5.5	2,497

Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases.

Meanwhile, only 7 percent of married men reported having heard of VCT. Data in Table 15.2 show that knowledge of VCT among men also varies according to the man's background characteristics. Knowledge of VCT among oldest men is lower than younger men (4.6 percent). Men age 30-349, men who live in the urban areas, and men who completed secondary education are more likely than other women to have heard of VCT. Knowledge of VCT decreases with increasing number of children; men with no children are the most likely than men with children to have heard of VCT.

Percentage of ever married women and married men who know specific VCT providers from public hospital is quite high, more than 60 percent.

Table 15.2 Knowledge about Voluntary Counseling and Testing (VCT): men

Percentage of currently married men age 15-54 who know about Voluntary HIV Counseling and Testing (VCT) and percentage who know specific VCT providers by background characteristics, Indonesia 2007

	Knows VCT		Knows VCT provider												
Background characteristic	Percentage who knows VCT	Currently married men	Public hospital	Public health center	Public clinic	Public VCT clinic	Other public	Private hospital	Private clinic	Private VCT clinic	Private doctor	Private nurse/ midwife	Other private medical	Other	Number of currently married men who know VCT
Age															
15-19	(1.5)	29	*	*	*	*	*	*	*	*	*	*	*	*	0
20-24	7.2	432	(55.9)	(3.7)	(2.9)	(14.6)	(5.6)	(7.7)	(0.0)	(1.1)	(1.8)	(0.0)	(14.2)	(22.9)	31
25-29	7.3	1,116	57.4	5.2	2.2	14.7	3.9	13.8	2.0	5.4	1.3	0.0	8.8	12.6	82
30-34	9.9	1,418	55.2	18.6	0.9	7.4	9.6	15.4	0.9	7.2	5.3	0.7	11.3	21.2	140
35-39	6.6	1,679	63.2	20.1	0.0	11.6	4.3	7.7	0.2	5.5	1.7	1.3	8.2	17.4	110
40-44	6.1	1,570	56.6	14.5	1.0	5.4	8.6	9.3	0.0	1.1	5.3	0.0	12.5	8.9	95
45-49	7.6	1,359	75.6	10.4	6.3	6.9	0.7	11.8	1.6	2.8	17.5	4.1	9.3	10.9	103
50-54	4.6	1,155	76.1	14.2	0.0	6.5	2.6	4.8	0.0	1.6	2.2	0.0	2.5	9.5	53
Residence															
Urban	10.6	3,728	63.5	13.8	0.8	11.3	6.3	11.5	1.0	3.8	5.4	1.2	7.5	15.3	397
Rural	4.3	5,030	60.3	14.2	3.7	4.8	3.8	9.9	0.3	4.8	6.4	0.9	13.5	14.1	217
Education															
No education	0.1	361	*	*	*	*	*	*	*	*	*	*	*	*	0
Some primary	0.5	1,605	*	*	*	*	*	*	*	*	*	*	*	*	9
Completed primary	2.0	2,339	(67.9)	(16.5)	(0.9)	(3.7)	(3.1)	(3.5)	(2.3)	(12.4)	(10.3)	(0.4)	(12.0)	(3.5)	47
Some secondary	5.5	1,721	49.8	7.7	0.5	10.2	5.8	10.4	0.9	0.7	3.2	0.5	16.1	19.0	95
Secondary +	16.8	2,727	63.8	14.4	2.3	9.5	5.6	11.7	0.6	4.1	6.0	1.2	8.3	15.5	459
Living Children															
0	7.5	723	53.1	14.1	4.5	2.1	4.9	13.0	2.2	0.3	0.0	0.0	21.9	15.2	54
1-2	7.4	4,855	60.7	10.9	2.0	10.3	5.9	12.0	0.6	5.1	6.1	1.4	8.6	17.3	362

3–4	7.4	2,411	66.3	18.7	0.3	8.7	4.8	8.6	0.1	3.5	6.9	0.8	8.5	10.8	177
5+	2.8	769	(80.4)	(24.1)	(5.4)	(7.5)	(3.5)	(7.1)	(5.2)	(2.8)	(4.1)	(0.0)	(5.7)	(7.0)	21
Total	7.0	8,758	62.4	13.9	1.8	9.0	5.4	10.9	0.8	4.2	5.7	1.1	9.6	14.9	614

APPENDIX

Table A1. Background Characteristics of Respondents

Percent distribution of women and men by province, Indonesia 2007

Province	Women Weighted percent	Women Weighted number	Women Unweighted number	Men Weighted percent	Men Weighted number	Men Unweighted number
Sumatera						
DI Aceh	1.6	514	929	1.6	137	245
North Sumatera	4.5	1,487	1,126	4.2	370	277
West Sumatera	1.7	570	905	1.6	137	217
Riau	1.5	494	991	1.5	130	243
Jambi	1.1	367	874	1.1	95	231
South Sumatera	2.8	928	1,055	2.8	241	289
Bengkulu	0.6	211	753	0.6	53	197
Lampung	2.9	963	920	3.1	271	265
Bangka Belitung	0.6	194	815	0.6	52	222
Riau Islands	0.4	140	731	0.4	36	184
Java						
DKI Jakarta	4.5	1,471	1,722	4.7	408	497
West Java	16.9	5,545	1,693	16.5	1,444	432
Central Java	16.4	5,383	1,450	17.3	1,517	425
DI Yogyakarta	1.7	551	1,110	1.7	146	305
East Java	18.0	5,924	1,485	17.8	1,561	387
Banten	4.0	1,310	1,413	3.9	344	357
Bali and Nusa Tenggara						
Bali	1.8	587	1,302	2.0	174	409
West Nusa Tenggara	2.1	705	964	2.2	194	272
East Nusa Tenggara	1.9	627	821	2.0	172	236
Kalimantan						
West Kalimantan	1.9	628	933	1.8	162	236
Central Kalimantan	0.9	294	792	0.9	82	223
South Kalimantan	1.7	550	953	1.5	128	237
East Kalimantan	1.4	475	837	1.5	132	218
Sulawesi						
North Sulawesi	1.1	373	894	1.2	102	229
Central Sulawesi	1.0	339	818	1.0	89	210
South Sulawesi	3.2	1,067	1,217	3.0	259	280
Southeast Sulawesi	0.8	259	767	0.7	60	172
Gorontalo	0.5	163	884	0.5	46	224
West Sulawesi	0.4	139	757	0.5	41	226
Maluku and Papua						
Maluku	0.5	168	805	0.5	44	222
North Maluku	0.4	129	754	0.4	36	194
West Papua	0.3	89	702	0.3	24	188
Papua	0.8	251	723	0.8	70	209
Total	100.0	32,895	32,895	100.0	8,758	8,758

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

Table A2 Fertility by province

Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by province, Indonesia 2007

Province	Total fertility rate	Percentage women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
Sumatera			
DI Aceh	3.1	6.1	4.2
North Sumatera	3.8	3.6	4.7
West Sumatera	3.4	3.8	4.3
Riau	2.7	4.6	4.0
Jambi	2.8	5.3	3.6
South Sumatera	2.7	3.1	4.2
Bengkulu	2.4	3.9	4.0
Lampung	2.5	4.0	4.3
Bangka Belitung	2.5	5.5	4.2
Riau Islands	3.1	4.7	3.3
Java			
DKI Jakarta	2.1	3.8	3.2
West Java	2.6	4.1	3.7
Central Java	2.3	3.5	3.3
DI Yogyakarta	1.8	4.4	2.5
East Java	2.1	2.6	2.8
Banten	2.6	3.4	4.6
Bali and Nusa Tenggara			
Bali	2.1	3.5	2.5
West Nusa Tenggara	2.8	4.9	4.1
East Nusa Tenggara	4.2	6.2	4.2
Kalimantan			
West Kalimantan	2.8	5.1	4.0
Central Kalimantan	3.0	7.1	3.6
South Kalimantan	2.6	5.7	3.7
East Kalimantan	2.7	5.7	3.7
Sulawesi			
North Sulawesi	2.8	4.1	2.8
Central Sulawesi	3.3	4.0	3.9
South Sulawesi	2.8	4.1	3.7
Southeast Sulawesi	3.3	5.6	4.3
Gorontalo	2.6	3.8	3.2
West Sulawesi	3.5	6.3	4.4
Maluku and Papua			
Maluku	3.9	5.1	4.4
North Maluku	3.2	6.5	4.3
West Papua	3.4	4.7	4.3
Papua	2.9	4.2	3.8
Total	2.6	3.9	3.5

Table A3 Knowledge of contraceptive methods by province

Percentage of currently married women age 15-49 know any contraceptive method by background characteristics, Indonesia 2007

		Modern method											Traditional method				
Province	Any method	Any modern	Female sterili-	Male sterili-	Pill	IUD	Inject-ables	Implants	Male condom	Intravag/ Dia-	Emergency contra-	LAM	Any tra-ditional	Periodic absti-	With-drawal	Folk method	Number of women
Sumatera																	
DI Aceh	95.8	95.5	28.3	20.5	90.5	61.7	92.9	59.5	62.0	13.2	9.2	18.0	31.6	21.3	20.0	7.7	472
North Su-	95.5	95.4	65.3	33.6	90.1	81.0	93.8	83.1	79.6	19.7	18.9	37.5	73.4	58.5	65.3	6.8	1,389
West Sumatera	99.3	99.3	71.4	22.0	96.5	93.9	98.3	95.0	88.0	13.9	8.7	27.2	62.1	42.3	48.3	6.0	532
Riau	97.2	96.5	51.6	29.1	93.5	79.8	93.5	82.0	82.5	12.1	7.1	28.0	60.8	44.1	48.1	3.3	474
Jambi	99.2	99.1	48.0	33.0	97.4	83.1	98.0	88.2	75.5	10.4	3.6	11.9	40.4	23.6	15.4	18.9	346
South Su-	99.0	99.0	77.9	34.5	97.6	82.8	98.5	94.2	79.9	12.1	3.0	14.7	40.3	34.1	23.6	2.9	871
Bengkulu	99.6	99.6	82.9	47.3	99.0	96.0	99.2	96.8	88.2	15.2	7.4	19.7	41.8	31.9	23.7	8.0	200
Lampung	99.6	99.6	72.5	50.6	99.2	93.1	99.4	95.2	87.2	16.6	6.9	19.6	60.9	49.1	42.9	5.2	925
Bangka Beli-	99.2	99.2	55.3	35.9	97.3	79.0	96.6	81.6	79.7	11.0	4.6	14.5	41.9	33.6	23.7	4.1	182
Riau Islands	98.8	98.8	54.9	37.8	96.4	87.2	96.4	84.4	89.6	15.8	11.1	38.8	59.8	52.5	38.0	4.1	134
Java																	
DKI Jakarta	99.9	99.9	86.3	74.4	99.8	97.9	99.7	96.3	97.8	30.4	13.0	47.0	80.2	77.7	54.8	3.7	1,352
West Java	99.9	99.9	62.3	52.1	99.3	88.5	99.2	87.2	78.8	12.6	4.1	12.2	36.8	30.9	19.7	7.3	5,243
Central Java	99.4	99.4	77.0	49.5	94.5	86.8	97.4	90.1	79.8	12.3	4.4	27.6	46.8	38.8	31.9	2.6	5,158
DI Yogyakarta	100.0	100.0	90.2	69.8	99.7	98.7	99.9	96.9	97.2	33.3	9.2	32.4	83.6	74.0	71.5	7.2	517
East Java	98.5	98.4	72.3	22.3	94.3	81.7	95.3	86.1	71.6	9.5	5.4	25.2	44.4	32.1	33.2	6.8	5,525
Banten	99.4	99.3	64.7	43.0	96.7	83.2	98.5	90.7	78.3	11.6	5.7	21.6	39.2	33.7	28.0	4.6	1,231
Bali and Nusa																	
Bali	99.5	99.5	81.1	59.0	95.9	96.7	97.8	70.7	81.7	30.1	11.3	32.5	69.0	62.2	56.8	2.2	564
West Nusa	98.1	97.8	57.8	32.6	90.2	84.8	96.1	87.0	61.7	9.7	5.2	13.9	28.8	23.3	15.9	5.1	636
East Nusa	89.9	89.8	46.9	28.3	79.5	68.3	87.4	70.8	47.1	6.9	4.3	14.0	47.6	38.5	31.8	4.8	577
Kalimantan																	
West Kaliman-	97.1	97.0	33.8	20.7	94.0	67.5	93.7	66.9	65.9	7.6	3.8	8.7	23.3	17.3	13.6	3.0	590
Central Kali-	100.0	99.8	41.7	28.6	98.4	74.8	97.5	79.8	76.1	16.9	14.5	24.2	52.6	43.1	31.2	8.9	280
South Kali-	99.3	99.2	53.7	27.6	98.9	80.9	97.5	88.0	80.2	12.7	2.0	16.6	50.1	29.0	31.8	17.8	507
East Kaliman-	99.2	99.1	68.2	44.3	97.1	88.9	98.4	91.6	89.1	18.7	7.7	43.0	66.1	57.7	47.7	10.3	455
Sulawesi																	
North Sulawesi	99.7	99.7	72.3	41.4	98.5	92.2	98.4	94.6	85.1	21.6	10.0	29.9	60.5	56.5	31.0	2.2	360
Central Su-	99.7	99.7	53.6	20.1	97.2	84.6	98.3	91.3	71.3	14.9	16.1	25.4	48.4	37.8	31.5	8.8	319
South Sulawesi	97.1	96.4	39.6	17.0	91.9	61.1	93.2	76.2	60.1	9.5	3.7	17.4	51.3	27.4	41.4	4.6	967

Table A4. Current use of contraception by province

Percent distribution of currently married women by contraceptive method currently used, according to province, Indonesia 2007

		Modern method									Traditional method						
Province	Any method	Any modern method	Female sterili-zation	Male ster-ili-zation	Pill	IUD	Inject-ables	Implants	Male condom	LAM	Any tradi-tional method	Periodic absti-nence	With-drawal	Folk method	Not cur-rently using	Total	Number of women
Sumatera																	
DI Aceh	47.4	45.4	0.6	0.0	9.3	1.3	33.2	0.4	0.5	0.1	2.0	0.6	0.8	0.6	52.6	100.0	472
North Sumatera	54.2	42.6	7.4	0.0	11.7	2.1	17.4	1.9	2.1	0.1	11.5	2.8	7.9	0.9	45.8	100.0	1,389
West Sumatera	59.9	52.8	2.6	0.0	8.7	5.8	29.9	3.9	1.9	0.0	7.2	1.8	5.1	0.2	40.1	100.0	532

Table A8. Early childhood mortality rates by province

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by province, Indonesia 2007

Province	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortal-ity (1q0)	Child mortal-ity (4q1)	Under-five mortality (5q0)
Sumatera					
DI Aceh	14	11	25	21	45
North Sumatera	24	22	46	22	67
West Sumatera	34	13	47	16	62
Riau	28	8	37	11	47
Jambi	23	15	39	9	47
South Sumatera	25	17	42	11	52
Bengkulu	17	29	46	20	65
Lampung	27	16	43	13	55
Bangka Belitung	20	19	39	8	46
Riau Islands	18	25	43	16	58
Java					
DKI Jakarta	15	13	28	9	36
West Java	19	19	39	10	49
Central Java	14	12	26	6	32
DI Yogyakarta	15	3	19	3	22
East Java	21	14	35	10	45
Banten	25	21	46	13	58
Bali and Nusa Tenggara					
Bali	14	19	34	4	38
West Nusa Tenggara	34	38	72	21	92
East Nusa Tenggara	31	26	57	24	80
Kalimantan					
West Kalimantan	23	23	46	14	59
Central Kalimantan	13	17	30	4	34
South Kalimantan	39	19	58	19	75
East Kalimantan	16	11	26	12	38
Sulawesi					
North Sulawesi	24	11	35	9	43
Central Sulawesi	28	31	60	10	69

South Sulawesi	22	19	41	12	53
Southeast Sulawesi	16	25	41	21	62
Gorontalo	22	31	52	18	69
West Sulawesi	46	27	74	25	96
Maluku and Papua					
Maluku	25	34	59	37	93
North Maluku	32	19	51	24	74
West Papua	21	16	36	26	62
Papua	24	17	41	25	64

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

Table A9. Knowledge of AIDS by province

Percentage of ever married women and married men who have heard of AIDS by province, Indonesia 2007

	Women	Men

Table A10. Knowledge of ways to reduce the risk of getting the AIDS virus by province

Province	Women Using condoms	Limiting sexual intercourse to one uninfected partner	Using condoms, and limiting sexual intercourse to one uninfected partner	Abstaining from sexual intercourse	Number of women	Men Using condoms	Limiting sexual intercourse to one uninfected partner	Using condoms, and limiting sexual intercourse to one uninfected partner	Abstaining from sexual intercourse	Number of men
Kalimantan										
West Kalimantan	22.5	27.7	19.4	22.7	628	42.8	52.0	36.5	45.5	162
Central Kalimantan	36.2	42.6	30.6	41.0	294	45.7	48.9	36.6	37.4	82
South Kalimantan	30.1	48.0	25.6	32.4	550	71.2	77.0	66.6	73.5	128
East Kalimantan	38.6	41.6	30.1	36.0	475	51.2	56.1	47.5	52.9	132
Sulawesi										
North Sulawesi	44.7	53.2	36.6	41.2	373	65.5	59.6	52.0	44.2	102
Central Sulawesi	23.6	27.6	16.3	21.4	339	37.9	43.7	32.4	44.4	89
South Sulawesi	27.5	32.0	21.8	28.4	1,067	40.5	42.7	36.1	43.3	259
Southeast Sulawesi	22.5	30.3	17.4	23.3	259	54.4	50.9	34.0	40.7	60
Gorontalo	16.0	20.7	12.1	18.4	163	32.1	26.2	22.1	26.5	46
West Sulawesi	19.2	22.1	13.9	19.1	139	26.3	25.9	20.7	30.5	41
Maluku and Papua										
Maluku	35.5	44.3	31.0	43.4	168	33.3	35.5	27.6	28.9	44
North Maluku	14.5	16.3	9.1	13.4	129	36.9	43.6	29.6	25.0	36
West Papua	31.6	35.5	23.9	32.4	89	71.1	58.0	49.9	51.1	24
Papua	32.7	31.0	23.3	31.8	251	41.0	37.8	26.3	39.5	70
Total	35.5	42.2	29.9	36.6	32,895	48.9	52.4	41.3	42.9	8,758

na: Not applicable [1]Using condoms every time they have sexual intercourse
[2]Partner who has no other partners

Table A11 Knowledge about Voluntary Counseling and Testing (VCT)

Percentage of ever married women age 15-49 who know about Voluntary HIV Counseling and Testing (VCT) and percentage who know specific VCT providers by province, Indonesia 2007

	Knows VCT		Knows VCT provider												
Province	Percentage who knows VCT	Currently married women	Public hospital	Public health center	Public clinic	Public VCT clinic	Other public	Private hospital	Private clinic	Private VCT clinic	Private doctor	Private nurse/ midwife	Other private medical	Other	Number of currently married women who know VCT
Sumatera															
DI Aceh	4.0	514	(77.2)	(18.7)	(2.1)	(21.2)	(0.7)	(0.0)	(2.9)	(10.5)	(3.2)	(0.0)	(0.0)	(0.0)	21
North Sumatera	9.9	1,487	64.7	12.3	2.2	10.7	0.0	25.5	2.0	9.4	6.9	5.6	4.3	3.4	147
West Sumatera	13.9	570	76.8	18.1	4.4	5.5	4.0	8.9	0.0	1.1	10.3	3.2	0.9	6.3	79
Riau	5.5	494	67.2	16.3	0.0	3.6	0.9	8.9	0.0	5.7	1.5	1.7	3.9	10.8	27
Jambi	2.8	367	*	*	*	*	*	*	*	*	*	*	*	*	10
South Sumatera	3.7	928	(74.4)	(7.5)	(0.0)	(12.4)	(0.0)	(11.1)	(0.0)	(0.0)	(2.2)	(2.2)	(0.0)	(16.2)	34
Bengkulu	7.9	211	75.8	11.8	2.2	7.0	0.0	1.9	0.0	0.0	4.3	0.1	0.0	6.0	17
Lampung	4.0	963	(47.0)	(17.0)	(0.0)	(5.4)	(0.0)	(14.0)	(3.4)	(2.8)	(19.8)	(2.8)	(6.9)	(19.9)	38
Bangka Belitung	7.3	194	78.9	10.6	3.7	16.6	0.0	5.5	0.0	10.0	2.5	0.0	0.0	1.7	14
Riau Islands	7.4	140	(44.4)	(24.4)	(0.0)	(2.5)	(1.7)	(11.0)	(0.0)	(4.7)	(2.4)	(0.0)	(14.2)	(9.4)	10
Java															
DKI Jakarta	26.6	1,471	78.3	5.8	0.4	11.7	0.5	21.1	0.2	2.4	1.7	1.2	1.6	1.3	391
West Java	8.3	5,545	67.6	17.1	0.9	5.1	3.1	19.6	1.7	3.3	6.5	2.4	1.6	10.6	461
Central Java	5.7	5,383	65.8	10.3	0.0	8.9	1.2	13.2	0.0	6.7	8.0	1.2	3.5	2.7	304
DI Yogyakarta	15.8	551	80.3	17.5	1.2	4.0	3.7	28.9	1.8	2.4	7.1	3.9	4.4	0.0	87
East Java	5.0	5,924	56.0	19.4	4.0	4.2	0.0	6.4	3.2	0.0	16.1	7.6	2.7	8.6	294
Banten	5.5	1,310	49.4	16.0	2.8	6.4	0.0	8.0	4.8	1.1	5.1	2.2	1.8	14.8	72
Bali and Nusa Tenggara															
Bali	5.2	587	78.7	14.6	0.0	4.6	0.0	10.7	0.3	3.7	6.2	5.0	2.7	3.3	30
West Nusa Tenggara	7.9	705	81.9	15.6	1.4	12.5	0.0	15.1	0.0	7.7	12.7	1.6	0.0	3.2	56
East Nusa Tenggara	2.7	627	*	*	*	*	*	*	*	*	*	*	*	*	17

Table A11 Knowledge about Voluntary Counseling and Testing (VCT)

Percentage of ever married women age 15-49 who know about Voluntary HIV Counseling and Testing (VCT) and percentage who know specific VCT providers by province, Indonesia 2007

	Knows VCT		Knows VCT provider												
Province	Percentage who knows VCT	Currently married women	Public hospital	Public health center	Public clinic	Public VCT clinic	Other public	Private hospital	Private clinic	Private VCT clinic	Private doctor	Private nurse/ midwife	Other private medical	Other	Number of currently married women who know VCT
Kalimantan															
West Kalimantan	7.4	628	85.3	23.2	5.0	9.8	0.0	3.9	2.8	7.1	2.0	2.0	0.0	0.0	46
Central Kalimantan	3.9	294	(69.5)	(18.1)	(3.8)	(14.0)	(3.2)	(5.4)	(0.0)	(13.1)	(13.4)	(7.7)	(0.0)	(1.9)	12
South Kalimantan	5.0	550	54.3	22.1	0.0	4.8	0.0	0.0	0.0	4.3	17.5	2.2	6.1	4.6	27
East Kalimantan	9.7	475	79.2	10.4	0.0	4.9	4.6	3.3	1.3	0.0	2.7	0.0	2.3	1.7	46
Sulawesi															
North Sulawesi	19.7	373	89.8	8.4	2.1	15.4	0.6	11.3	1.7	6.2	8.4	1.6	0.4	0.8	74
Central Sulawesi	8.7	339	89.1	3.1	1.5	19.9	0.0	6.2	0.0	3.9	4.3	0.0	0.0	0.0	30
South Sulawesi	6.0	1,067	78.0	16.8	0.0	6.8	0.0	9.8	0.0	2.7	2.8	1.4	4.2	0.0	64
Southeast Sulawesi	7.9	259	78.2	20.9	3.7	5.2	0.0	9.0	0.0	0.0	7.5	0.0	2.0	2.7	20
Gorontalo	6.2	163	72.6	15.5	0.0	13.4	0.0	4.6	2.0	0.0	8.6	0.0	0.0	0.0	10
West Sulawesi	4.4	139	(64.6)	(16.6)	(0.0)	(7.3)	(0.0)	(4.6)	(0.0)	(0.0)	(14.2)	(6.4)	(0.0)	(7.8)	6
Maluku and Papua															
Maluku	7.9	168	85.5	13.0	1.3	4.5	0.0	21.8	0.0	0.0	8.3	0.0	0.0	5.1	13
North Maluku	3.2	129	*	*	*	*	*	*	*	*	*	*	*	*	4
West Papua	21.2	89	74.7	4.9	0.0	18.5	0.0	13.0	0.0	15.0	0.4	0.0	0.0	2.2	19
Papua	6.1	251	(83.7)	(20.1)	(4.8)	(4.6)	(0.0)	(8.2)	(0.0)	(0.0)	(4.4)	(4.4)	(2.2)	(4.0)	15
Total	7.6	32,895	69.8	13.8	1.5	8.2	1.2	14.8	1.2	3.7	7.2	2.7	2.3	5.5	2,497