

## CURRENT USE OF FAMILY PLANNING

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

### 6.1 CURRENT USE OF FAMILY PLANNING

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

Table 6.1 Current use of contraception

Percent distribution of ever-married women and of currently married women by contraceptive method currently used, according to age, Indonesia 2002-2003

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

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

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

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

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

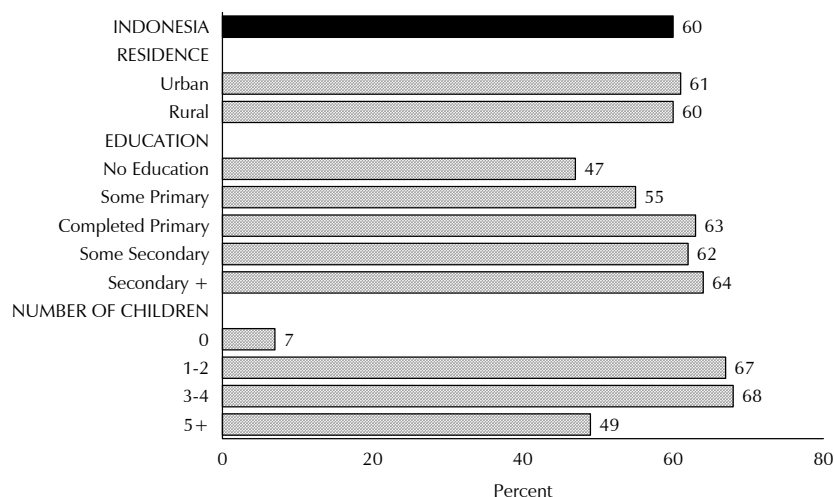
Table 6.2 Current use of contraception by background characteristics

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

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

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

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



IDHS 2002-2003

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

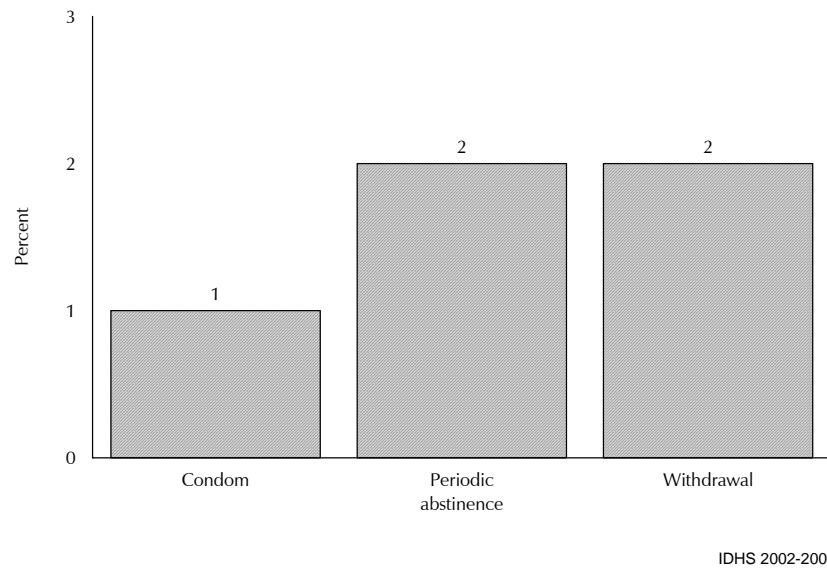
Contraceptive use increases rapidly with the number of living children a woman has. Use of any method ranges from 7 percent among women with no living children to 68 percent for women with three to four children, after which it declines to 49 percent for women with five or more children. The most popular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

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

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

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

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



## 6.2 TRENDS IN CONTRACEPTIVE USE

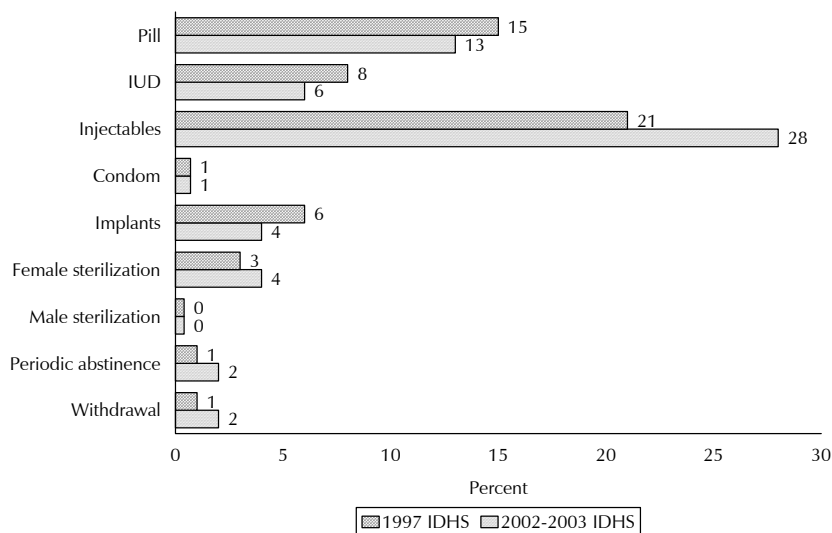
Table 6.3 and Figure 6.3 show the trend in use of specific contraceptive methods among married women who are currently using a specific contraceptive method, by method, during the period 1991-2003. Findings show that use of any method by currently married women has increased from 50 percent in the 1991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

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

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

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

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



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

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

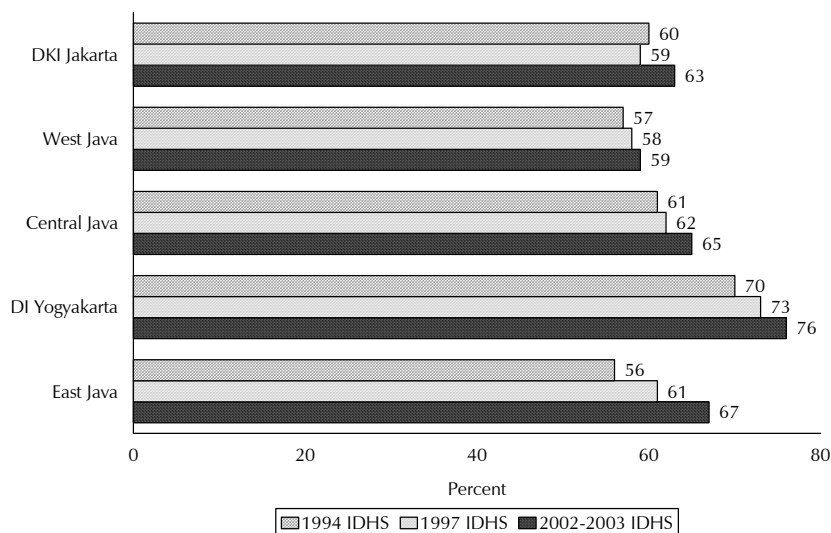
**Table 6.4 Trends in contraceptive use by province in Java 1991-2002-2003**

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

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

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

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



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

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

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

Table 6.5 Current use of contraception by women's status

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

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

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

LAM = Lactational amenorrhea method

<sup>1</sup> Either by himself or jointly with others

## 6.3 QUALITY OF USE

### 6.3.1 Pill Use Compliance

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

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

**Table 6.6 Pill use compliance**

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

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

### 6.3.2 Quality of Use of Injectables

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

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

Table 6.7 Use of injectables

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

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

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

## 6.4 INFORMED CHOICE

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

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

**Table 6.8 Informed choice**

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

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

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

na = Not applicable

<sup>1</sup> Among users of female sterilization, pill, IUD, injectables and implants

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

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

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

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

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

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

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

## 6.5 PROBLEMS WITH CURRENT METHOD

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

Table 6.9 Problems with current method of contraception

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

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

## 6.6 COST AND ACCESSIBILITY OF METHODS

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

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

**Table 6.10 Payment for contraceptive method and services**

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

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

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

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

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

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

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

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

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

Table 6.11 Mean cost of contraceptive method and services

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

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

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

## 6.7 SOURCE OF METHODS

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

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

Table 6.12 Source of contraception

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

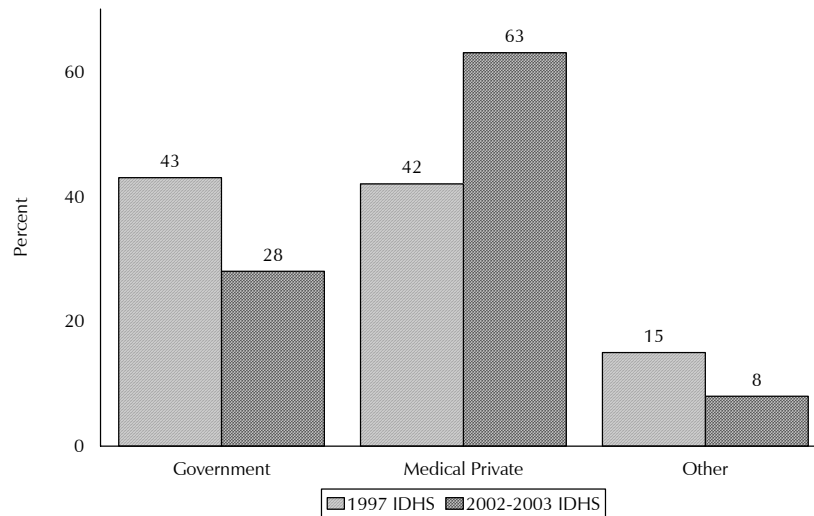
Source	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Total
<b>Public sector</b>	66.1	91.5	18.9	39.8	19.8	55.9	3.5	28.0
Government hospital	61.9	54.0	0.4	8.3	0.6	3.2	1.0	6.2
Government health center	2.0	32.1	16.3	29.2	18.2	51.3	2.3	20.3
Government clinic	2.1	2.0	0.1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

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

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

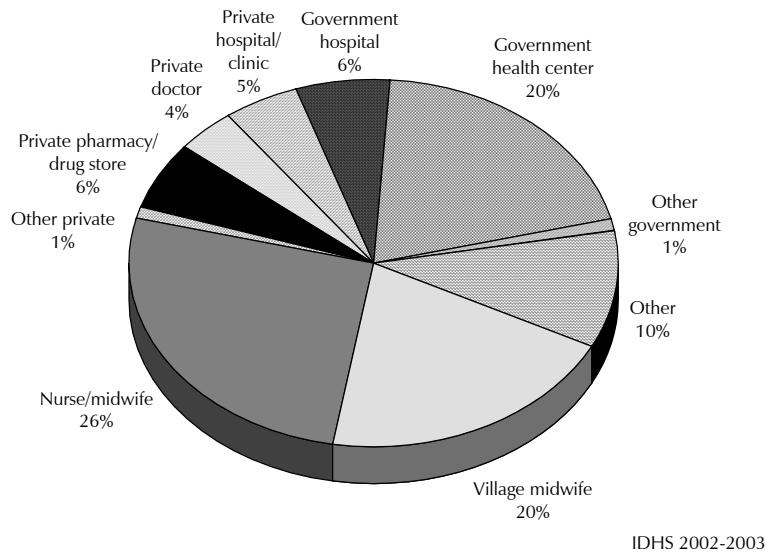
The source of family planning varies by method. Two in three sterilized women had the operation in a government hospital and one-third in a private medical facility. Half of all implant operations and 29 percent of IUD insertions took place in a government health center. Fifty-five percent of pill users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

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



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

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



## 6.8 TIMING OF STERILIZATION

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

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

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

Table 6.13. Timing of sterilization

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

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

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

<sup>a</sup> Not calculated due to censoring