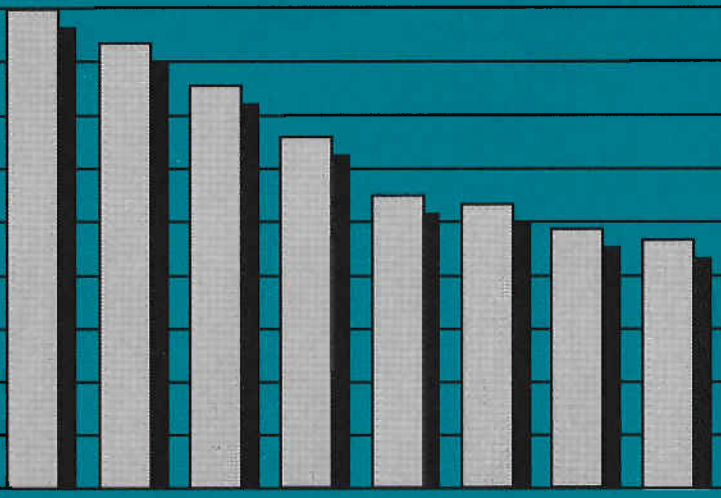
DHS

Indonesia

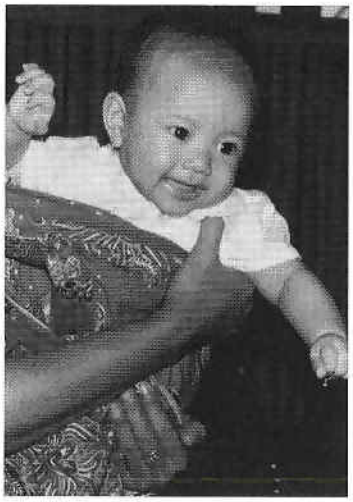


Demographic and Health Survey 1994

SUMMARY REPORT

INDONESIA DEMOGRAPHIC AND HEALTH SURVEY 1994

SUMMARY REPORT



MACRO INTERNATIONAL/ S. Poedjastoeti

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October 1995

This report highlights the findings of the 1994 Indonesia Demographic and Health Survey (IDHS) undertaken by the Central Bureau of Statistics in collaboration with the State Ministry of Population/ National Family Planning Coordinating Board (NFPCB) and the Ministry of Health (MOH). The Demographic and Health Surveys program of Macro International Inc. provided technical assistance and some funding from its project with the U.S. Agency for International Development (USAID). Most of the local costs for the survey were provided by the World Bank through a loan to the NFPCB. USAID/Jakarta and the Government of Indonesia provided additional funding.

The 1994 IDHS is part of the worldwide Demographic and Health Surveys (DHS) program, which is designed to collect, analyze, and disseminate data on fertility, family planning, and maternal and child health. Additional information on the 1994 IDHS may be obtained from the Central Bureau of Statistics, Jl. Dr. Sutomo 8, Jakarta 10710, Indonesia (Telephone: 345-6285; Fax: 384-1545), or the State Ministry of Population/National Family Planning Coordinating Board, Jl. Permata 1, Halim Perdanakusumah, Jakarta 13650, Indonesia (Telephone: 800-9029; Fax: 800-9125), or the Institute for Health Research and Development, Ministry of Health, Jl. Percetakan Negara 29, Jakarta 10560, Indonesia (Telephone: 424-4146; Fax: 424-3933). Additional information about the DHS program may be obtained by writing to: Macro International Inc., 11785 Beltsville Drive, Calverton, Maryland 20705-3119, USA (Telephone: 301-572-0200; Fax: 301-572-0999).

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Central Bureau of Statistics (CBS) [Indonesia] and State Ministry of Population/National Family Planning Coordinating Board (NFPCB) and Ministry of Health (MOH) and Macro International Inc. (MI). 1995. *Indonesia Demographic and Health Survey 1994: Summary Report.* Calverton, Maryland: CBS and MI.

Background

The Indonesia Demographic and Health Survey (IDHS) is a nationally representative survey of households and ever-married women age 15-49. The primary objective of the survey is to provide policymakers and program managers in population and health with detailed information on fertility, family planning, infant, child, and maternal mortality and maternal and child health.

The survey was carried out by the Central Bureau of Statistics (CBS) in close cooperation with the State Ministry of Population/ National Family Planning Coordinating Board (NFPCB), and the Ministry of Health. The Demographic and Health Surveys program of Macro International Inc. provided financial and technical assistance under a contract with the U.S. Agency for International Development (USAID). Most of the local costs for the survey were provided by the World Bank through a loan to the NFPCB. Additional funding was received from the Government of Indonesia and USAID/Jakarta.

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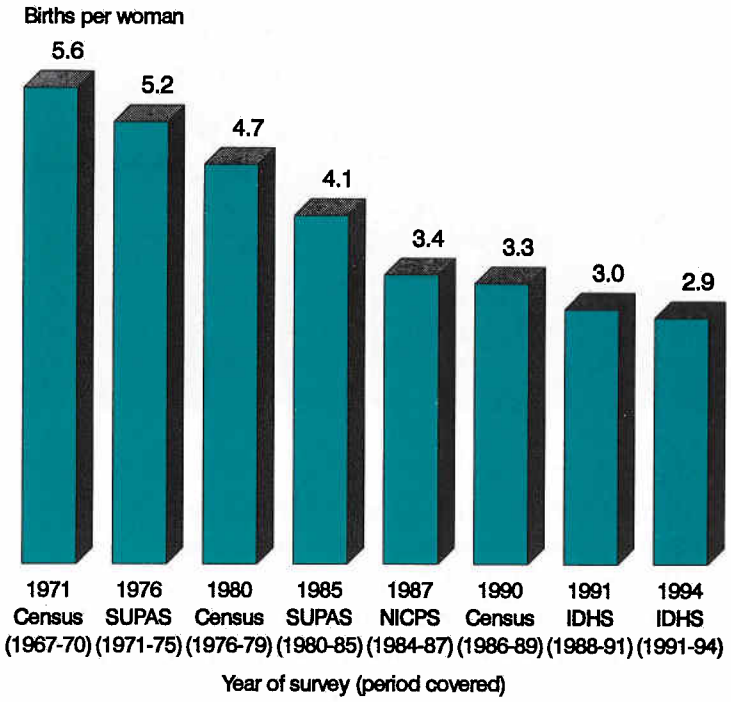
Fieldwork for the survey was carried out between July and November 1994. It covered 33,738 households and 28,168 ever-married women age 15-49. Information about children born to these women was also collected. Detailed questions about vaccination, breastfeeding, infant feeding, and recent illnesses were asked for children born in the five years before the survey. Survey results are presented at the national level, by urban and rural residence in the three regions developed for family planning program management, and for each of the 27 provinces in the country.

The 1994 IDHS is the third survey in Indonesia implemented under the DHS program. The first was the 1987 National Indonesia Contraceptive Prevalence Survey (NICPS) and the second was the 1991 IDHS. The 1987 NICPS was carried out in 20 provinces and the two IDHS surveys covered all 27 provinces in Indonesia.

Total fertility rates 1971-1994



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

NFPCB/Indonesia

Fertility

Levels and Trends

Findings from the 1994 IDHS show that the fertility level in Indonesia is half of what it was in the late 1960s. At current levels, Indonesian women will give birth to an average of 2.9 children during their reproductive years, compared with an average of 5.6 children 25 years ago (1967-70). The decline in fertility has varied over time. It accelerated in the late 1970s and early 1980s and then slowed in the late 1980s and early 1990s.

With a total fertility rate of 2.6, women in Java-Bali have smaller families than women living in either Outer Java-Bali I or Outer Java-Bali II, both of which have total fertility rates of 3.3 children per woman. However, the gap in fertility levels between Java-Bali and the Outer Java-Bali regions has narrowed.

Fertility levels vary considerably by province. In Java-Bali, West Java continues to have the highest fertility (3.2 children per woman), while fertility has reached or is approaching replacement level—around 2 children per woman—in DKI Jakarta, DI Yogyakarta, East

Women in Java-Bali have smaller families than women [in other parts of the country.] However, the gap in fertility between Java-Bali and the Outer Java-Bali regions has narrowed.

Java, and Bali. In Outer Java-Bali II, total fertility rates for almost all the provinces are 3 children per woman or higher.

Fertility levels also vary by place of residence and by education. Urban women have, on average, almost one child less than rural women (2.3 vs. 3.2 children per woman). Fertility generally decreases as education increases—women who have some primary education give birth to an average of 3.3 children, compared with 2.6 children for women with some secondary education.

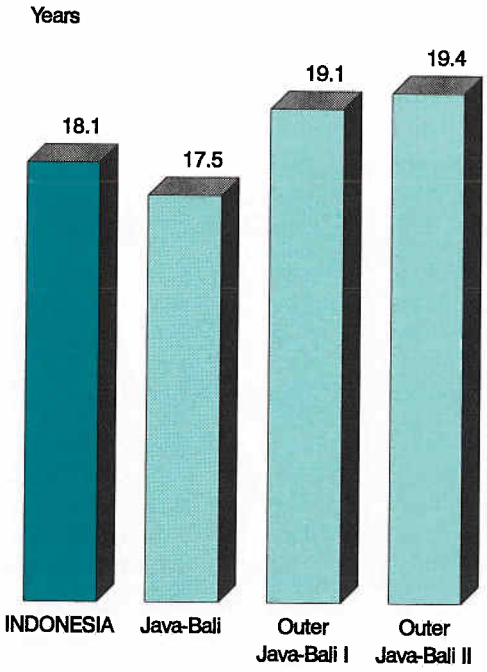
Marriage

One factor that has contributed to the decline in fertility is the continuing increase in the age at which Indonesian women marry. The median age at first marriage has increased from 17.2 among women age 45-49 to 19.2 for women 25-29. Overall, the median age at marriage is 18.1, compared with 17.7 in 1991.

CBS/Indonesia

There are significant variations in age at first marriage across urban-rural residence, region and women's education. Urban women generally marry 2.6 years later than rural women; women in Outer Java-Bali II marry two years later than women living in Java-Bali; and women with secondary education marry more than five years later than women who have never gone to school.

Median age at first marriage by region (women 25-49)



The median age at marriage is two years later among women in Outer Java-Bali II than among women in Java-Bali.

Women with secondary education marry more than five years later than women who have never gone to school.

Fertility Preferences

More than half of married women in Indonesia do not want any more children or have been sterilized. An additional 25 percent want to delay their next birth for at least two years. Among women with three or more children, more than three-quarters want no more children or have been sterilized.

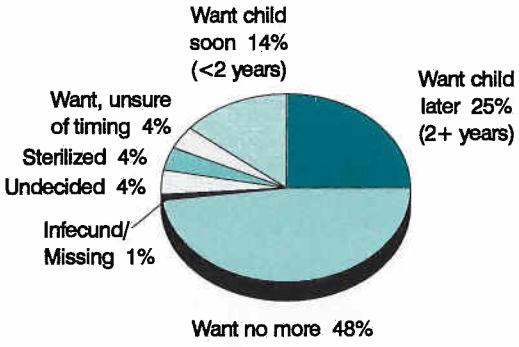
Survey results indicate that if all unwanted births were avoided, the total fertility rate would be 2.4 births per woman, 17 percent lower than the observed rate of 2.9.

The average desired family size among Indonesian women is 2.9 children. A two-child family is desired by 36 percent of women, while 19 percent say their ideal family size is three children. Over one in five women did not specify the number of children they desired, saying it was "up to God" or giving some other non-numeric response.

If all unwanted births were avoided, the total fertility rate would be 2.4 births per woman, 17 percent lower than the observed rate of 2.9.

NFPCB/Indonesia

Fertility preferences of currently married women 15-49



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

Family Planning

Knowledge of Contraception

Knowledge of family planning methods is almost universal among married women in Indonesia. Nine in ten currently married women have heard of the pill and injection, while Norplant and the IUD are known to eight in ten married women. Familiarity with female and male sterilization has increased over time to 60 percent and 37 percent, respectively. Traditional methods are much less widely known than modern methods. Periodic abstinence is known to only 27 percent of currently married women and withdrawal to 16 percent of women. Almost all women who know of a modern method of contraception are able to identify a place where they can obtain the method.

Knowledge of family planning methods is almost universal among married women in Indonesia.

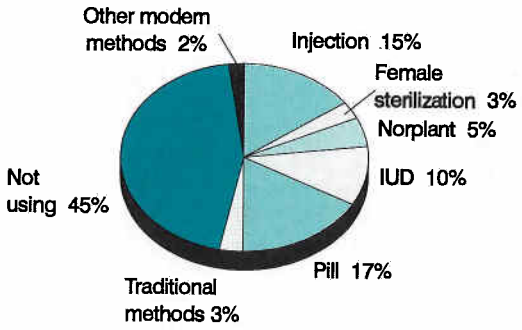
NFPCB/Indonesia

Current Use of Contraception

Fifty-five percent of currently married women are using contraception, an increase of five percentage points since 1991. Almost all of these women are using a modern contraceptive method. The most popular methods are the pill, injection, and the IUD, used by 17 percent, 15 percent and 10 percent of currently married women, respectively.

The highest level of contraceptive use is found among women in Java-Bali (58 percent), and the lowest in Outer Java-Bali II (46 percent). By province, the highest level of contraceptive use is in North Sulawesi (73 percent), followed by DI Yogyakarta (70 percent). In contrast, contraceptive prevalence is less than 35 percent in East Timor and Maluku.

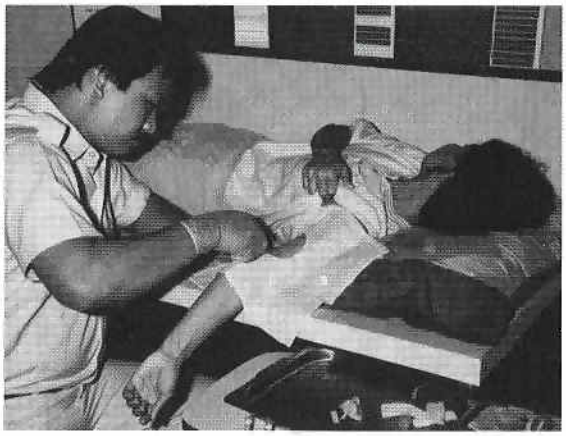
Current use of family planning by method (currently married women 15-49)



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

Fifty-five percent of currently married women are using contraception, an increase of five percentage points since 1991.

The contraceptive prevalence rate varies by women's age, number of living children, and education. The rate is highest among women 25-34, women with two or three children, and women who have some secondary school education. Urban women are more likely than rural women to use a method of family planning (60 vs. 53 percent).



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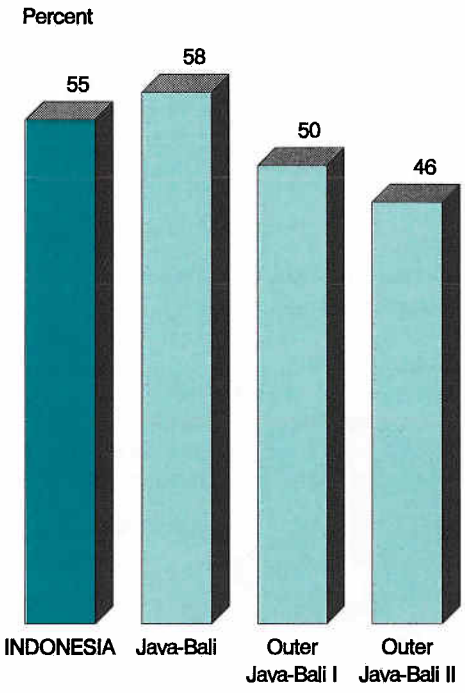
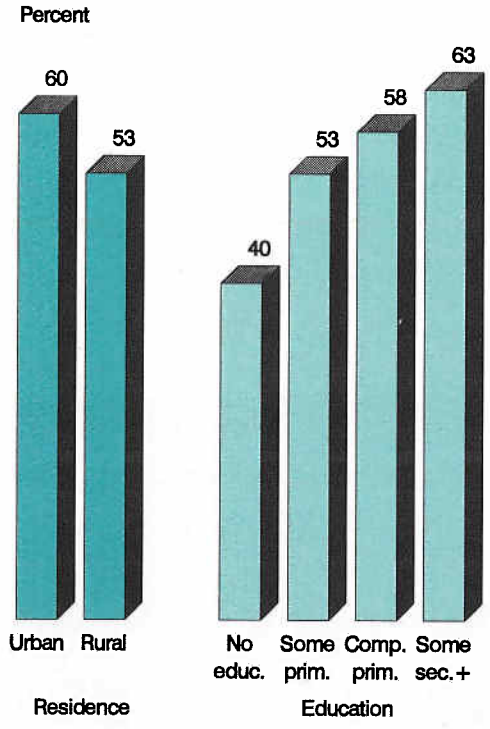
Current use of family planning by region (currently married women 15-49)



Contraceptive use is still highest in Java-Bali where the national family planning program started.

Current use of family planning by residence and education (currently married women 15-49)



Urban and better-educated women are more likely to use contraception.

Source of Family Planning Services

Almost half of modern contraceptive users obtain their method from a government source, 28 percent from a private medical source, and 23 percent from other sources such as the village delivery post *(polindes),* health post *(posyandu),* and family planning distribution post *(PPKBD).*

Health centers represent a major source for contraception, supplying 37 percent of modern contraceptive users. Among the most important non-government sources are private midwives (16 percent) and health posts (13 percent). Proximity to home is cited by a majority of modern method users as the main reason for using their service provider.

Two in three contraceptive users who obtain services from government sources pay for their methods, compared with nine in ten users who obtain their methods from private sources.

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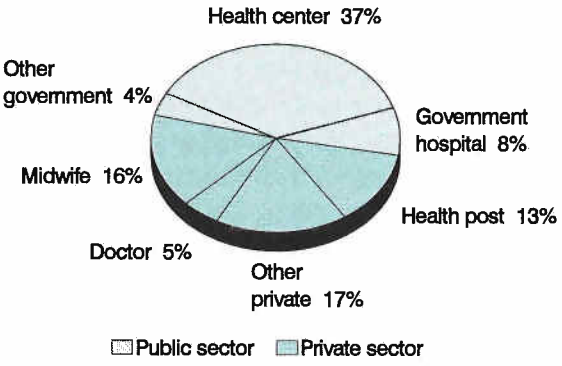
Sources of supply among current users of modern contraceptive methods



Almost half of modern contraceptive users obtain their methods from government sources.

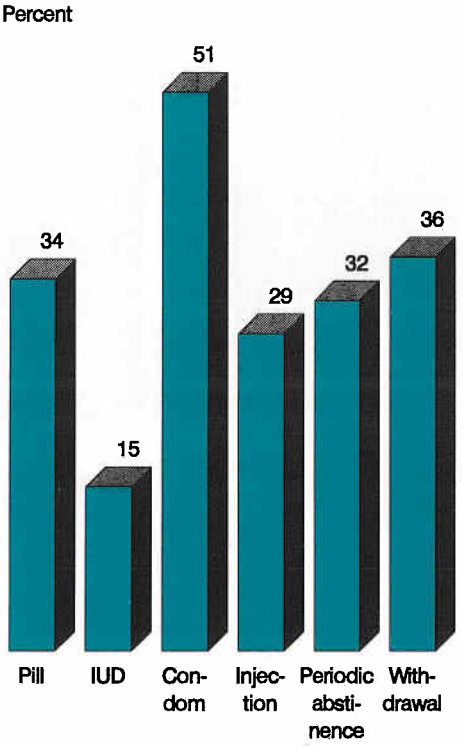
NFPCB/Indonesia

Contraceptive Failure and Discontinuation

Improvement in the quality of family planning services is one of the goals of the Indonesian family planning program. One measure of the quality of use is the extent to which contraceptive users discontinue using and their reasons for doing so. Based on information for the five years preceding the survey, 27 percent of users discontinued using a method within 12 months of starting. Method failure accounts for 3 percent of discontinuations, while 6 percent stopped to get pregnant, 11 percent stopped because of side effects or health problems, and 8 percent stopped for other reasons. These rates are almost identical to those from 1991.

One in four contraceptive adopters discontinues use within 12 months of starting.

Contraceptive discontinuation rates for first year of use



Discontinuation rates are lower for those adopting the IUD and injection than for those using other methods.

Discontinuation rates were lower for those adopting the IUD and injection than for those using the pill, condom, periodic abstinence, and withdrawal.

Unmet Need for Contraception

Survey data can be used to calculate the level of *unmet need*, which refers to the proportion of married women who say either that they do not want any more children or that they want to wait two or more years before having another child, but are not using contraception. The total unmet need for family planning in Indonesia is 11 percent, of which about half is for limiting and half for spacing.

Unmet need for family planning varies only slightly among subgroups of women according to age and residence. It is highest among women 15-19, and in rural Outer Java-Bali II region.

Satisfying the potential demand for family planning could increase the contraceptive prevalence rate to about 66 percent. The demand for limiting childbearing is greater than the demand for spacing births (38 and 28 percent, respectively).

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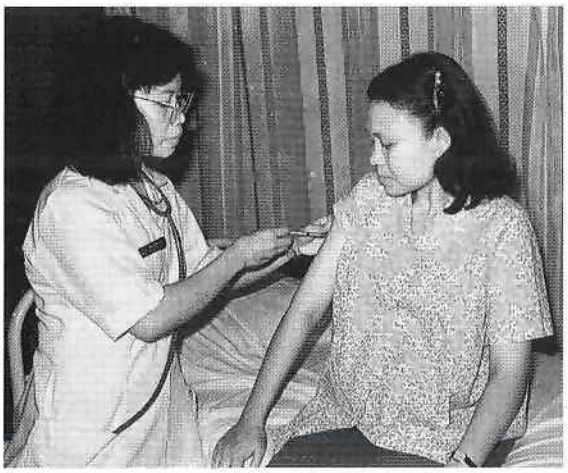
Maternal and Child Health

Antenatal Care

Survey data indicate that most mothers in Indonesia receive health care during pregnancy. Mothers received antenatal services from a medical professional (doctor, nurse, or midwife) for more than eight in ten children born in the five years preceding the survey. Mothers in Java-Bali are more likely to receive antenatal care than mothers in other regions. Almost all births in DKI Jakarta and DI Yogyakarta are to mothers who have received antenatal care from a medical professional. The most common providers of antenatal care are health centers, followed by private midwives.

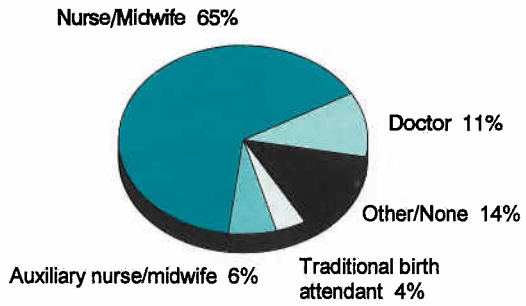
Most pregnant women have four or more antenatal care visits, and one-third have their first visit during the crucial first trimester of pregnancy. The Ministry of Health in Indonesia recommends that women receive two tetanus toxoid injections during their first pregnancy and a booster during each succeeding pregancy. This protects newborns from neonatal tetanus, which is often fatal. Survey data show that nearly half of births in the five years preceding the survey were to women who received two or more doses of tetanus toxoid during pregnancy. An additional 17 percent received one dose.

In order to reduce pregnancy-induced anemia, women are encouraged to take iron tablets during pregnancy. Three-quarters of the births in the five years preceding the survey were to mothers who received iron tablets during pregnancy.



NFPCB/Indonesia

Antenatal care
(births in the preceding 5 years)



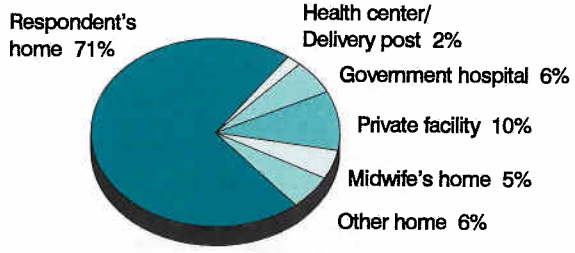
Nurses and midwives are the major providers of antenatal care in Indonesia.

Mothers receive antenatal services from a medical professional... for more than eight in ten children born in the five years preceding the survey.

Assistance at Delivery

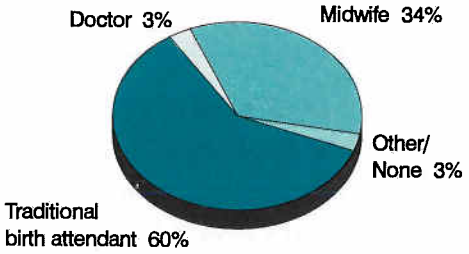
Eighty percent of babies in Indonesia are born at home and most deliveries are assisted by traditional birth attendants. There are considerable differences in the place of delivery among provinces. Eight in ten births in DKI Jakarta are delivered in a health facility, among whom one in three is born in a midwife's home. On the other hand, about 90 percent of births in Dista Aceh, Bengkulu, West Nusa Tenggara, East Nusa Tenggara, East Timor, South Kalimantan, Central Kalimantan, Central Sulawesi, Southeast Sulawesi, and Maluku are born at home.

Place of delivery
(births in the preceding 5 years)



Eighty percent of babies in Indonesia are born at either the mother's or someone else's home.

Assistance at delivery
(births in the preceding 5 years)



Six in ten births are assisted by traditional birth attendants.

The majority of births in Indonesia are assisted by traditional birth attendants (60 percent), one in three by a nurse or midwife, and only a small proportion (3 percent) by a doctor.

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

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

The majority of births are assisted by traditional birth attendants (60 percent), one in three by a nurse or midwife, and only a small proportion (3 percent) by a doctor.

Maternal Mortality

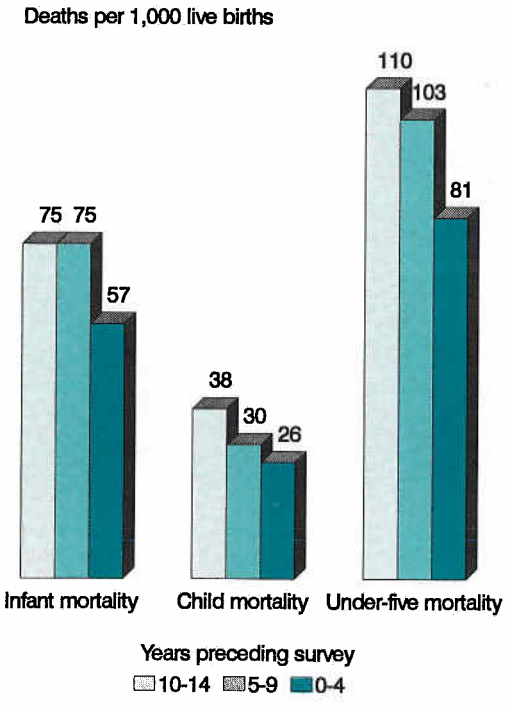
Pregnancy and childbirth are major causes of death among women of reproductive age. One indicator of maternal mortality is the maternal mortality ratio, which reflects the number of maternal deaths per 100,000 live births. In the 1994 IDHS, the maternal mortality ratio was estimated using information about the survival status of the respondents' sisters. Results show that approximately 390 women die for every 100,000 births. The maternal mortality ratio has not changed significantly in the 10 years prior to the survey.

Infant and Child Mortality

Childhood mortality is continuing to decline in Indonesia. The infant mortality rate for the five years preceding the survey was 57 deaths per 1,000 births, down from 75 per 1,000 for the period 10-14 years before the survey. There was a comparable decline in under-five mortality from 110 deaths per 1,000 births for the period 10-14 years before the survey to 81 per 1,000 for the period 1990-94.

Of all the provinces, West Nusa Tenggara has the highest infant mortality rate (110 deaths per 1,000 births). Infant mortality rates of 70 or more deaths per 1,000 births are found in the following provinces: West Java, West Nusa Tenggara, West Kalimantan, South Kalimantan, Riau, Bengkulu, East Nusa Tenggara, Central Sulawesi, and Southeast Sulawesi.

Trends in infant and child mortality

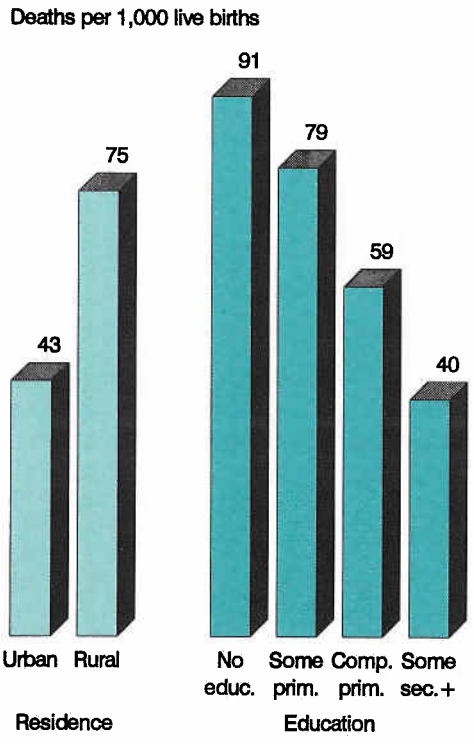


Childhood mortality is continuing to decline in Indonesia.

Infant mortality varies significantly by mother's residence and education. The mortality of urban infants is lower than for rural infants (75 vs. 43 deaths per 1,000 live births). The probability of dying in infancy is twice as high for infants whose mothers have no education than for infants of mothers who have some secondary education.

A child born less than 24 months after a previous sibling has almost triple the risk of dying in the first year of life, compared with a child born four years or more after a prior birth. Risks are also greater for children of birth order 7 or higher and for those born to mothers less than 20 years of age.

Infant mortality by residence and mother's education



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

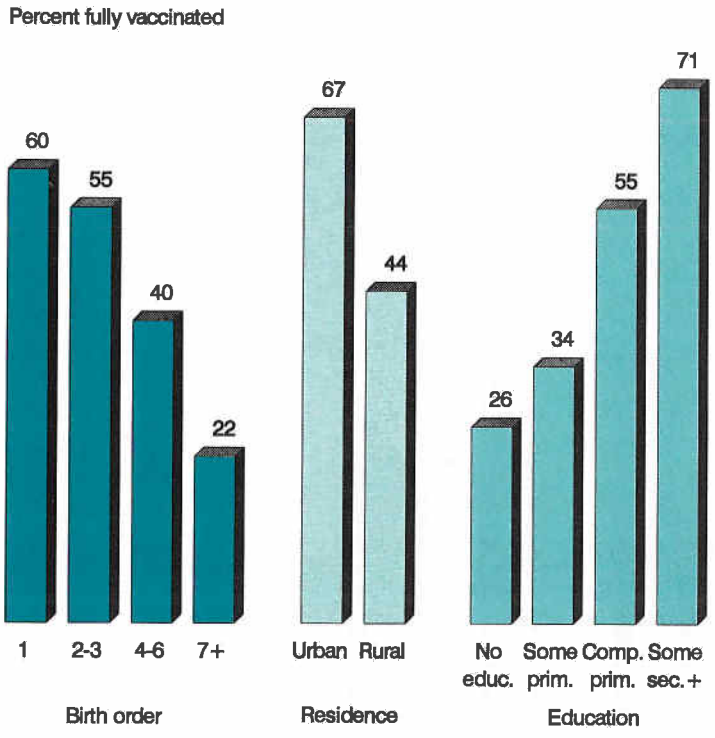
Immunization of Children

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

Vaccination coverage would be higher if the dropout rate for DPT and polio were reduced. Currently, almost one-quarter of children who receive the first dose of these two vaccines do not complete the three-dose course.

The percentage of children who are fully vaccinated is higher in Outer Java-Bali II (54 percent) and in Java-Bali (53 percent) than in Outer Java-Bali I (44 percent).

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



The percentage fully vaccinated is higher for first births, children in urban areas, and children whose mothers have some secondary education.

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

MOH/Indonesia

Treatment of Childhood Diseases

One in eight children under five was reported to have had diarrhea during the two weeks before the survey. More than half of these children were taken to a health facility and almost half were given solution prepared from ORS packets (i.e., oral rehydration therapy). One in five children with diarrhea was not taken for treatment, while one in ten received nothing at all for the diarrhea, not even increased fluids.

Ninety-three percent of mothers of children under five know about oral rehydration therapy for treating diarrhea.

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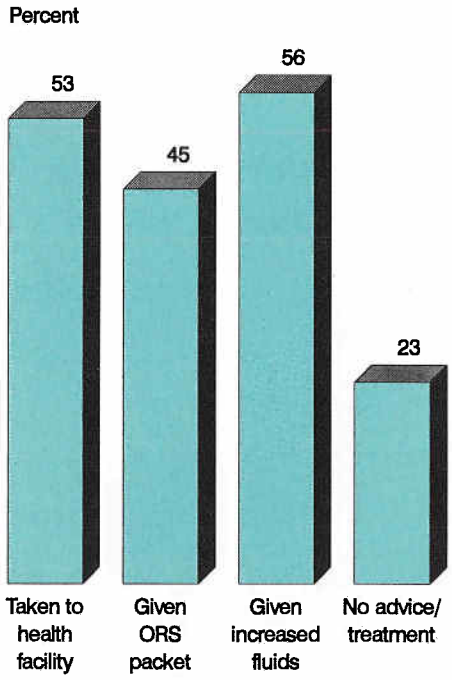
MACRO INTERNATIONAL/ S. Poedjastoeti

One in ten children under five had a cough accompanied by short, rapid breathing during the two weeks prior to the survey. Sixty-three percent of these children were taken to a health facility for treatment. During the same period, 28 percent of children were reported to have had a fever, 45 percent of whom were taken to a health facility for treatment.

Treatment of diarrhea in the two weeks preceding the survey (children under 5 years)

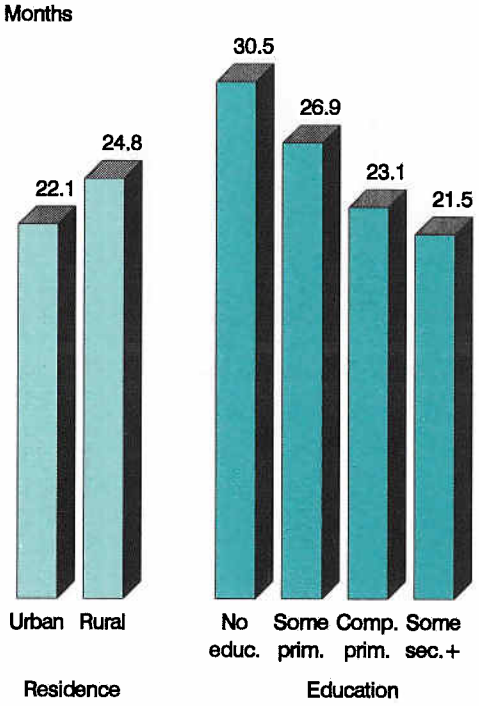


Infant Feeding Practices

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

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

Median duration of breastfeeding by residence and education (births in preceding 36 months)



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

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

MOH/Indonesia

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

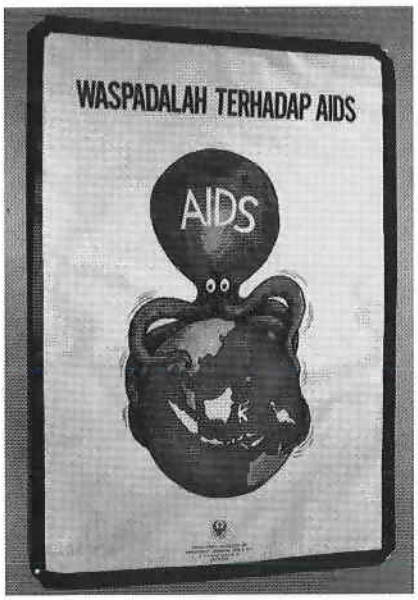
AIDS Awareness

The overall level of awareness of AIDS among Indonesian women is limited, with only 38 percent of women reporting that they have heard of the disease. Regardless of region of residence, urban women are much more likely to know about AIDS than rural women.

Women who have heard of AIDS report that their main sources of information are television (89 percent), newspapers and magazines (38 percent), and the radio (32 percent).

Women who have heard of AIDS were asked if there are ways to avoid getting AIDS. One in five said that there is no way to avoid AIDS, while 23 percent said avoiding sex with prostitutes and 20 percent said that having only one sexual partner were ways to avoid getting AIDS. Only 3 percent cited using condoms as a way to avoid AIDS.

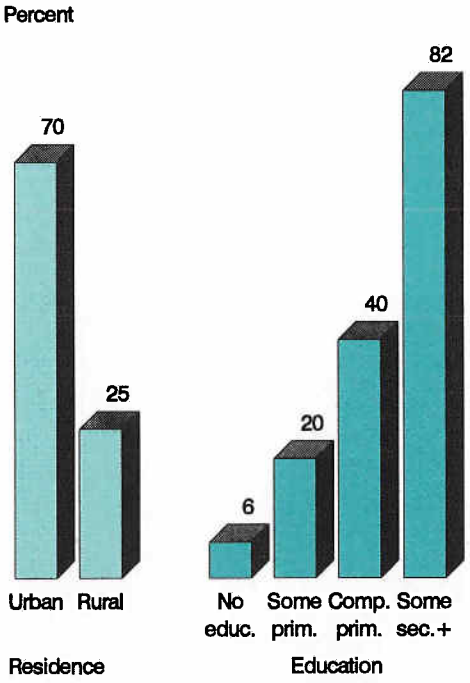
Twenty percent of women in Indonesia have the mistaken impression that AIDS can be cured and only about one in ten considered herself to be at risk of contracting AIDS.



MACRO INTERNATIONAL/ S. Poedjastoeti

Women who have heard of AIDS report that their main sources of information are television (89 percent), newspapers and magazines (38 percent), and the radio (32 percent).

Knowledge of AIDS by residence and education



Only 38 percent of ever-married women age 15-49 have heard about AIDS. Knowledge is much higher in urban areas and among better educated women.

Conclusions

Fertility and Family Planning

Findings from the 1994 Indonesia Demographic and Health Survey (IDHS) show that the total fertility rate has declined by half in the 25 years preceding the survey. In the late 1980s and early 1990s, the decline continued, but at a slower pace. Although women in Java and Bali continue to have the smallest number of children in the country, the gap in fertility between this region and those in other regions has narrowed over time. In particular, fertility in the Outer Java-Bali II region seems to be catching up with that for the rest of the country.

NFPCB/Indonesia

One of the major contributors to the decline in fertility is the increased use of family planning. Not only is contraception widely accepted throughout Indonesia, but couples are using more effective and long-term methods. It is encouraging to note that most users of the pill, injection and condom are using their method correctly.

Contraceptive use is increasing in all three regions of Indonesia at approximately the same rate. Efforts need to be enhanced in several provinces, especially those in Outer Java-Bali II, if they are to achieve the same contraceptive use level as other parts of the country.

Despite the increasing use of contraception, there are opportunities for improvement. Not all of the need for family planning services has been satisfied. If all unmet need were satisfied, contraceptive prevalence would be expected to increase to about 66 percent of married women, instead of the 55 percent that was found in the survey.

Maternal and Child Health

Most pregnant women in Indonesia receive antenatal care as well as tetanus toxoid injections and iron tablets to prevent anemia. However, the vast majority of births still take place at home and are assisted by traditional birth attendants.

The maternal mortality ratio is estimated to be 390 maternal deaths per 100,000 live births for the period 1989-1994.

Infant and child mortality rates can be used to monitor progress in health conditions. Infant mortality in Indonesia has declined steadily to a level of 57 deaths per 1,000 births. As in the case of fertility and family planning, the gap in infant and child mortality between the Outer Java-Bali II region and other regions in Indonesia has narrowed. However, infant mortality remains high in some provinces, notably West Nusa Tenggara.

Despite continued efforts to improve children's health, only half of children age 12-23 months are fully vaccinated against the six major childhood diseases. Furthermore, vaccination coverage varies widely across provinces, from less than 30 percent in Dista Aceh and West Sumatra to over 75 percent in DI Yogyakarta and Bali.

Women's knowledge of AIDS, as well as its prevention and cure is limited. Television is cited as the most common means of receiving information about AIDS. Knowledge about AIDS is much higher in urban than in rural areas.

MACRO INTERNATIONAL/ S. Poedjastoeti

Fact Sheet

1994 Population Data[1]

- Total population (millions) 199.7
- Urban population (percent) 31
- Annual natural increase (percent) 1.6
- Population doubling time (years) 44
- Crude birth rate (per 1,000 population) 24
- Crude death rate (per 1,000 population) 8
- Life expectancy at birth male (years) 61
- Life expectancy at birth female (years) 65

Indonesia Demographic and Health Survey 1994

Sample Population

- Ever-married women age 15-49 28,168

Background Characteristics of Women Interviewed

- Percent urban 29
- Percent with no education 16
- Percent attended secondary or higher 24

Marriage and Other Fertility Determinants

- Percent of women 15-49 currently married[2] 68
- Percent of women 15-49 ever married[2] 74
- Median age at first marriage among women age 25-49 ..... 18.1
- Median duration of breastfeeding (in months)[3] 23.8
- Median duration of postpartum amenorrhea (in months[3] 7.1
- Median duration of postpartum abstinence (in months)[3] 2.4

Fertility

- Total fertility rate[4] 2.9
- Mean number of children ever born to women age 40-49 .... 4.8

Desire for Children

- Percent of currently married women who:
  - Want no more children 52
  - Want to delay their next birth at least 2 years 25
- Mean ideal number of children among women 15-49[5] 2.9
- Percent of women giving a non-numeric response to ideal family size 22
- Percent of births in the last 5 years that were:
  - Unwanted 8
  - Mistimed 10

Knowledge and Use of Family Planning

- Percent of currently married women who:
  - Know any method 96
  - Know a modern method 96
  - Know a modern method and know a source for the method 95
  - Have ever used any method 76
  - Are currently using any method 55
- Percent of currently married women currently using:
  - Pill 17
  - IUD 10
  - Injection 15
  - Norplant 5
  - Condom 1
  - Female sterilization 3
  - Periodic abstinence 1
  - Withdrawal 1
  - Other traditional 1

Mortality and Health

- Infant mortality rate[6] 57
- Under-five mortality rate[6] 81
- Percent of births[7] whose mothers:
  - Received antenatal care[8] 82
  - Received 2 or more tetanus toxoid injections 49
- Percent of births[7] whose mothers were assisted at delivery by:
  - Doctor 3
  - Midwife 34
  - Traditional birth attendant 60
- Percent of children 0-1 month who are breastfeeding 98
- Percent of children 4-5 months who are breastfeeding 97
- Percent of children 10-11 months who are breastfeeding 90
- Percent of children 12-23 months who received:[9]
  - BCG 78
  - DPT (three doses) 59
  - Polio (three doses) 60
  - Measles 63
  - All vaccinations 50
- Percent of children under 5 years[10] who:
  - Had diarrhea in the 2 weeks preceding the survey 12
  - Had a cough accompanied by short, rapid breathing in the 2 weeks preceding the survey 10

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1 Estimates of Demographic Parameters for Indonesia by Province and Residence, CBS and NFPCB. 1995

2 Based on all women

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

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

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

6 Rates are for the period 0-4 years preceding the survey (late 1989 to late 1994)

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

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

9 Based on information from vaccination records and mothers' reports

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