Indonesia - Demographic and Health Survey 2012

Statistics Indonesia (BPS) - Government of Indonesia

Report generated on: June 2, 2017

Visit our data catalog at: http://microdata.worldbank.org

Sampling

Sampling Procedure

Indonesia is divided into 33 provinces. Each province is subdivided into districts (regency in areas mostly rural and municipality in urban areas). Districts are subdivided into subdistricts, and each subdistrict is divided into villages. The entire village is classified as urban or rural.

The 2012 IDHS sample is aimed at providing reliable estimates of key characteristics for women age 15-49 and currently-married men age 15-54 in Indonesia as a whole, in urban and rural areas, and in each of the 33 provinces included in the survey. To achieve this objective, a total of 1,840 census blocks (CBs)-874 in urban areas and 966 in rural areas-were selected from the list of CBs in the selected primary sampling units formed during the 2010 population census.

Because the sample was designed to provide reliable indicators for each province, the number of CBs in each province was not allocated in proportion to the population of the province or its urban-rural classification. Therefore, a final weighing adjustment procedure was done to obtain estimates for all domains. A minimum of 43 CBs per province was imposed in the 2012 IDHS design.

Refer to Appendix B in the final report for details of sample design and implementation.

Response Rate

The response rates for both the household and individual interviews in the 2012 IDHS are high. A total of 46,024 households were selected in the sample, of which 44,302 were occupied. Of these households, 43,852 were successfully interviewed, yielding a household response rate of 99 percent.

Refer to Table 1.2 in the final report for more detailed summarized results of the of the 2012 IDHS fieldwork for both the household and individual interviews, by urban-rural residence.

Questionnaires

Overview

The 2012 IDHS used four questionnaires: the Household Questionnaire, the Woman's Questionnaire, the Currently Married Man's Questionnaire, and the Never-Married Man's Questionnaire. Because of the change in survey coverage from ever-married women age 15-49 in the 2007 IDHS to all women age 15-49 in the 2012 IDHS, the Woman's Questionnaire now has questions for never-married women age 15-24. These questions were part of the 2007 Indonesia Young Adult Reproductive Survey questionnaire.

The Household and Woman's Questionnaires are largely based on standard DHS phase VI questionnaires (March 2011 version). The model questionnaires were adapted for use in Indonesia. Not all questions in the DHS model were adopted in the IDHS. In addition, the response categories were modified to reflect the local situation.

The Household Questionnaire was used to list all the usual members and visitors who spent the previous night in the selected households. Basic information collected on each person listed includes age, sex, education, marital status, education, and relationship to the head of the household. Information on characteristics of the housing unit, such as the source of drinking water, type of toilet facilities, construction materials used for the floor, roof, 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 and are used to calculate the household wealth index. The main purpose of the Household Questionnaire was to identify women and men who were eligible for an individual interview.

The Woman's Questionnaire was used to collect information from all women age 15-49. These women were asked questions on the following topics:
• Background characteristics (marital status, education, media exposure, etc.)
• Reproductive history and fertility preferences
• Knowledge and use of family planning methods
• Antenatal, delivery, and postnatal care
• Breastfeeding and infant and young children feeding practices
• Childhood mortality
• Vaccinations and childhood illnesses
• Marriage and sexual activity
• Fertility preferences
• Woman's work and husband's background characteristics
• Awareness and behavior regarding HIV-AIDS and other sexually transmitted infections (STIs)
• Sibling mortality, including maternal mortality
• Other health issues

Questions asked to never-married women age 15-24 addressed the following:
• Additional background characteristics
• Knowledge of the human reproduction system
• Attitudes toward marriage and children
• Role of family, school, the community, and exposure to mass media
• Use of tobacco, alcohol, and drugs
• Dating and sexual activity

The Man's Questionnaire was administered to all currently married men age 15-54 living in every third household in the 2012 IDHS sample. This questionnaire includes much of the same information included in the Woman's Questionnaire, but is shorter because it did not contain questions on reproductive history or maternal and child health. Instead, men were asked about their knowledge of and participation in health-careseeking practices for their children.

The questionnaire for never-married men age 15-24 includes the same questions asked to nevermarried women age 15-24.

Data Collection

Data Collection Dates

Start	End	Cycle
2012-05	2012-07	N/A

Data Collection Mode

Face-to-face [f2f]

DATA COLLECTION NOTES

Pretest
Prior to the start of the fieldwork, the questionnaires were pretested in Riau and East Nusa Tenggara provinces to make sure that the questions were clear and could be understood by the respondents. The pretest is important given the different sample coverage of women from ever-married women age 15-49 to all women age 15-49. In addition, there are new questions and changes in question format from those in the standard DHS questionnaires.

Two teams were recruited in each province. The pilot survey was conducted from mid-July to mid-August 2011 in four selected districts, representing four urban and four rural clusters. The areas selected for the pretest were Pekanbaru and Kampar districts (Riau province) and Kupang City and South Central Timor districts (East Nusa Tenggara province). Findings of the pretest were used to refine the questionnaires.

Training
A total of 922 persons, 376 men and of 546 women, participated in the main survey training for interviewers. The training took place for 12 days in May 2012 in nine training centers: Batam, Bukit Tinggi, Banten, Yogyakarta, Denpasar, Banjarmasin, Makasar, Manokwari, and Jayapura. The training included class presentations, mock interviews, and tests. In each training center, the participants were grouped in three separate classes, one each for interviewers of women, married men, and never-married men respectively. All of the participants were trained using the household and individual questionnaires.

Fieldwork
The 2012 IDHS employed 119 interviewing teams to collect the data. Each team was comprised of eight interviewers: one male supervisor, one female field editor, four female interviewers, and two male interviewers, one for currently married men and one for never-married men. In Papua and West Papua, each team consisted of five interviewers: one male supervisor, one female field editor, two female interviewers, and one male interviewer for married men and never-married men. Fieldwork took place from May 7 to July 31, 2012.

For more information about the fieldwork, see Appendix B of the final report.

Data Collectors

Name	Abbreviation	Affiliation
Statistics Indonesia	BPS	Government of Indonesia

Data Processing

Data Editing

All completed questionnaires, along with the control forms, were returned to the BPS central office in Jakarta for data processing. The questionnaires were logged and edited, and all open-ended questions were coded. Responses were entered in the computer twice for verification, and they were corrected for computeridentified errors. Data processing activities were carried out by a team of 58 data entry operators, 42 data editors, 14 secondary data editors, and 14 data entry supervisors. A computer package program called Census and Survey Processing System (CSPro), which was specifically designed to process DHS-type survey data, was used in the processing of the 2012 IDHS.

Data Appraisal

Estimates of Sampling Error

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2012 Indonesia Demographic and Health Survey (2012 IDHS) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2012 IDHS is only one of many samples that could have been selected from the same population, using the same design and identical size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling error is a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2012 IDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2012 IDHS is a SAS program. This program used the Taylor linearization method for variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

Refer to Appendix C in the final report for details of estimates of sampling errors.

Other forms of Data Appraisal

The following data quality tables are produced:
- Household age distribution
- Age distribution of eligible and interviewed women
- Age distribution of eligible and interviewed men
- Completeness of reporting
- Births by calendar years
- Reporting of age at death in days
- Reporting of age at death in months

See the tables in Appendix D of the final report.

Related Materials

Questionnaires

Demographic and Health Survey 2012, Household Questionnaire

Title	Demographic and Health Survey 2012, Household Questionnaire
Author(s)	Statistics Indonesia (Badan Pusat Statistik—BPS)
Country	Indonesia
Language	English
Filename	Indonesia_2012_DHS_household_questionnaire.pdf

Demographic and Health Survey 2012, Woman's Questionnaire

Title	Demographic and Health Survey 2012, Woman's Questionnaire
Author(s)	Statistics Indonesia (Badan Pusat Statistik-BPS)
Country	Indonesia
Language	English
Filename	Indonesia_2012_DHS_women_questionnaire.pdf

Demographic and Health Survey 2012, Married Man's Questionnaire

Title	Demographic and Health Survey 2012, Married Man's Questionnaire
Author(s)	Statistics Indonesia (Badan Pusat Statistik-BPS)
Country	Indonesia
Language	English
Filename	Indonesia_2012_DHS_married_man_questionnaire.pdf

Demographic and Health Survey 2012, Never-Married Men's Questionnaire

Title	Demographic and Health Survey 2012, Never-Married Men's Questionnaire
Author(s)	Statistics Indonesia (Badan Pusat Statistik-BPS)
Country	Indonesia
Language	English
Filename	Indonesia_2012_DHS_never_married_man_questionnaire.pdf

Reports

Demographic and Health Survey 2012, Report

Title	Demographic and Health Survey 2012, Report
Author(s)	Statistics Indonesia (Badan Pusat Statistik-BPS) National Population and Family Planning Board, Jakarta, Indonesia Ministry of Health, Jakarta, Indonesia MEASURE DHS, ICF International, Calverton, Maryland, USA
Date	2013-08-01
Country	Indonesia
Language	English

TABLES AND FIGURES vii
PREFACE (BPS) xv
PREFACE (BKKBN) xvii
PREFACE (MOH) xix
MILLENNIUM DEVELOPMENT GOAL INDICATORS xxi
MAP OF INDONESIA xxii

1 INTRODUCTION 1
1.1 Geography, History, and Economy 1
1.2 Population 2
1.3 Population and Family Planning Policies and Programs 3
1.4 Health Priorities and Programs 3
1.5 Objectives of the Survey 4
1.6 Organization of the Survey 5
1.7 Questionnaires 5
1.8 Pretest, Training, and Fieldwork 6
1.8.1 Pretest 6
1.8.2 Training 7
1.8.3 Fieldwork 7
1.9 Data Processing 7
1.10 Response rates 7

2 HOUSING CHARACTERISTICS AND HOUSEHOLD POPULATION 9
2.1 Housing Characteristics 9
2.1.1 Drinking Water 9
2.1.2 Household Sanitation Facilities 11
2.1.3 Housing Characteristics 12
2.2. Household Possessions 14
2.3 Wealth Index 15
2.4 Hand Washing 16
2.5 Household Population by Age and Sex 17
2.6 Household Composition 19
2.7 Birth Registration 19
2.8 Education of Household Population 20

3 CHARACTERISTICS OF RESPONDENTS 23
3.1 Characteristic of Survey Respondents 23
3.2 Educational Attainment 24
3.3 Literacy 26
3.4 Exposure to Mass Media 28
3.5 Employment 29
3.5.1 Employment status 29
3.5.2 Occupation 32
3.5.3 Type of employment 34
3.6 Health Insurance Coverage 35
3.7 Lifestyle Measures 37

4 MARRIAGE AND SEXUAL ACTIVITY 41
4.1 Current Marital Status 41
4.2 Polygyny 42
4.3 Median Age at First Marriage 43
4.4 Age at First Sexual Intercourse 45
4.5 Median Age at First Sexual Intercourse 46
4.6 Recent Sexual Activity 47

5 FERTILITY 49
5.1 Assessment of the 2012 IDHS Fertility Data 49
5.2 Fertility Levels and Differentials 50
5.2.1 Fertility Levels 50
5.2.2 Differentials in Current and Completed Fertility 51
5.3 Fertility Trends 53
5.3.1 Evidence from Retrospective Data 53
5.3.2 Evidence from Comparisons with Previous IDHS Surveys 53
5.4 Children Ever Born and Living 54
5.5 Birth Intervals 55
5.6 Postpartum Amenorrhea, Abstinence, and Insusceptibility 57
5.7 Menopause 59
5.8 Age at First Birth 59
5.9 Teenage Pregnancy and Motherhood 60

6 FERTILITY PREFERENCES 63
6.1 Desire for Additional Children 64
6.2 Ideal Family Size 67
6.3 Planned Fertility 69
6.4 Wanted Fertility Rates 71

7 FAMILY PLANNING 73
7.1 Knowledge of Family Planning 73
7.1.1 Knowledge of Contraceptive Methods 73
7.1.2 Knowledge of Fertile Period 75
7.1.3 Exposure to Family Planning IEC 76
7.1.4 Contact of Nonusers with Fieldworkers/Health Providers about Family Planning 79
7.2 Current Use of Family Planning 80
7.2.1 Current Use of Contraception by Age 80
7.2.2 Current Use of Contraception by Background Characteristics 81
7.2.3 Trends in Contraception by Background Characteristics 83
7.2.4 Timing of Sterilization 85
7.2.5 Source of Methods 85
7.2.6 Informed Choice 86
7.2.7 Pill Use Compliance 88
7.2.8 Quality of Use of Injectables 89
7.2.9 Problems with Current Method 90
7.2.10 Cost of Contraceptive Use 91
7.3 Nonuse and Intention to Use Family Planning 92
7.3.1 Discontinuation Rates 92
7.3.2 Reason for Discontinuation of Contraceptive Use 93
7.3.3 Need for Family Planning Services 94
7.3.4 Intention to Use in the Future 97
7.3.5 Reason for Nonuse 98

8 INFANT AND CHILD MORTALITY 99
8.1 Assessment of Data Quality 100
8.2 Levels and Trends in Infant and Child Mortality 101
8.3 Socioeconomic Differentials in Infant and Child Mortality 104
8.4 Demographic Differentials in Infant and Child Mortality 105
8.5 Perinatal Mortality 106
8.6 High-risk Fertility Behavior 108

9 REPRODUCTIVE HEALTH 111
9.1 Antenatal Care 112
9.1.1 Antenatal Care 112
9.1.2 Number of Antenatal Care Visits and Timing of First Visit 113
9.1.3 Components of Antenatal Care 114
9.1.4 Tetanus Toxoid Injections 115
9.1.5 Complications of Pregnancy 117
9.2 Delivery Care 118
9.2.1 Place of Delivery 118
9.2.2 Assistance during Delivery 120
9.2.3 Preparation for Delivery 122
9.2.4 Complications during Delivery 123
9.3 Postnatal Care 124
9.3.1 Timing of First Postnatal Checkup for the Mother 124
9.3.2 Provider of First Postnatal Checkup for the Mother 125
9.3.3 Timing of First Postnatal Checkup for the Newborn 126
9.3.4 Provider of First Postnatal Checkup for the Newborn 127
9.4 Problems in Accessing Health Care 128

10 CHILD HEALTH 131
10.1 Child's Size at Birth 131
10.2 Immunization of Children 133
10.2.1 Immunization Coverage for Children age 12-23 Months 134
10.3 Childhood Illness and Treatment 139
10.3.1 Acute Respiratory Infection (ARI) 140
10.3.2 Fever 141
10.3.3 Diarrhea 142
10.4 Disposal of Stools 148

11 INFANT FEEDING 151
11.1 Initial Breastfeeding 151
11.2 Age Patterns of Breastfeeding 153
11.3 Duration and Frequency of Breastfeeding 155
11.4 Types of Complementary Foods 156
11.5 Infant and Young Child Feeding Practices 158
11.6 Micronutrient Intake Among Children 160
11.7 Micronutrient Intake Among Mothers 162

12 HIV- AND AIDS-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOR 165
12.1 Knowledge of HIV-AIDS and Transmission and Prevention Methods 166
12.1.1 Knowledge of HIV-AIDS 166
12.1.2 Knowledge of HIV Prevention Methods 168
12.1.3 Comprehensive Knowledge about AIDS 169
12.1.4 Knowledge of Prevention of Mother-to-Child Transmission of HIV 171
12.2 Accepting Attitudes toward those Living with HIV and AIDS and Attitudes toward Negotiating Safer Sexual Relations with Husband 172
12.2.1 Accepting Attitudes toward Those Living with HIV and AIDS 172
12.2.2 Attitudes toward Negotiating Safer Sexual Relations with Husband..... 174
12.3 Payment for Sexual Intercourse and Condom Use at Last Paid Sexual Intercourse 175
12.4 Self-Reporting of Sexually Transmitted Infections (STIs) and STI Symptoms 176
12.5 Prevalence of Medical Injections 177
12.6 Comprehensive Knowledge about AIDS and Source of Condoms among Youth 179
12.7 Age at First Sexual Intercourse among Young People 180
12.8 Source of Information on HIV-AIDS 181

13 WOMEN'S EMPOWERMENT AND DEMOGRAPHIC AND HEALTH OUTCOMES 185
13.1 Employment and Cash Earnings of Currently Married Women And Men 185
13.2 Control over Earnings 186
13.2.1 Control over and Relative Magnitude of Women's Earnings 186
13.2.2 Control over Men's Earnings 187
13.2.3 Women's Control over Their Own Earnings and over Those of Their Husbands 188
13.3 Women's and Men's Ownership of Assets 189
13.4 Participation in Decision Making 191
13.5 Attitude Toward Wife Beating 195
13.6 Indicators of Women's Empowerment 197
13.7 Women's Empowerment and Health Indicators 198

14 FATHER'S PARTICIPATION IN FAMILY HEALTH CARE 201
14.1 Antenatal Care 201
14.2 Preparation for Delivery 203
14.3 Contact with Health Provider 204
14.4 Diarrhea Treatment 205
14.5 Knowledge about Children's Immunization 206

15 ADULT AND MATERNAL MORTALITY 209
15.1 Data 209
15.2 Direct Estimates of Adult Mortality 211
15.3 Estimates of Maternal Mortality 212
15.4 Trends in Maternal Mortality 213

REFERENCES 217
APPENDIX A PROVINCIAL TABLES 221
APPENDIX B SURVEY DESIGN 315
APPENDIX C SAMPLING ERRORS 325
APPENDIX D DATA QUALITY TABLES 365
APPENDIX E PERSONS INVOLVED IN THE 2012 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY 371
APPENDIX F QUESTIONNAIRES 387

Table of contents

Filename http://www.dhsprogram.com/pubs/pdf/FR275/FR275.pdf

Demographic and Health Survey 2012, Preliminary Report

Title	Demographic and Health Survey 2012, Preliminary Report
Author(s)	Statistics Indonesia (Badan Pusat Statistik-BPS) National Population and Family Planning Board, Jakarta, Indonesia Ministry of Health, Jakarta, Indonesia MEASURE DHS, ICF International, Calverton, Maryland, USA
Date	2012-12-01
Country	Indonesia
Language	English
Table of contents	Tables .....v Figures..... .....vii I. Introduction ..... 1 II. Survey Implementation ..... 2 A Questionnaires..... 2 B. Sample Design ..... 3 C. Training and Fieldwork ..... 3 D. Data Processing ..... 3 III. Results ..... 4 A. Response Rates ..... 4 B. Characteristics of the Respondents ..... 4 C. Fertility ..... 5 D. Fertility Preferences ..... 7 E. Family Planning ..... 8 F. Need for Family Planning Services ..... 12 G. Childhood Mortality ..... 14 H. Maternity Care ..... 15 I. Immunization of Children ..... 17 J. Childhood Illnesses ..... 19 K. Infant Feeding Practices ..... 20 L. Knowledge of HIV/AIDS ..... 21 References ..... 24 Appendix Tables 25
Filename	http://www.dhsprogram.com/pubs/pdf/PR25/PR25.pdf

Demographic and Health Survey 2012, Special Report on Adolescent Reproductive Health

Title	Demographic and Health Survey 2012, Special Report on Adolescent Reproductive Health
Author(s)	Statistics Indonesia (Badan Pusat Statistik-BPS) National Population and Family Planning Board, Jakarta, Indonesia Ministry of Health, Jakarta, Indonesia MEASURE DHS, ICF International, Calverton, Maryland, USA
Date	2013-02-01
Country	Indonesia
Language	English

	TABLES AND FIGURES ..... v I INTRODUCTION 1.1 Background ..... 1 1.2 Objectives of the Survey ..... 1 II SURVEY IMPLEMENTATION 2.1 Questionnaires ..... 2 2.2 Sample Design ..... 2 2.3 Training and Fieldwork..... ..... 3 2.4 Data Proccesing 3
Table of contents	III RESULTS 3.1 Response Rates ..... 4 3.2 Respondent’s Characteristics ..... 4 3.3 Exposure to Mass Media ..... 5 3.4 Knowledge of Phyisical Changes at Puberty ..... 7 3.5 Discussion of Reproductive Health ..... 8 3.6 Knowledge of Contraceptive Methods ..... 9 3.7 Attitudes about Marriage ..... 9 3.8 Ideal Age at First Birth ..... 11 3.9 Smoking, Alcohol Drinking, and Drug Use ..... 13 3.10 Knowledge of HIV Prevention Methods ..... 13 3.11 Attitudes about Premarital Sex ..... 14 3.12 Sexual Experience 15
Filename	http://www.dhsprogram.com/pubs/pdf/PR29/PR29.pdf