Indonesia Demographic and Health Survey 2017: Adolescent Reproductive Health

Key Indicators Report

Indonesia Demographic and Health Survey 2017: Adolescent Reproductive Health

Key Indicators Report

National Population and Family Planning Board
Jakarta, Indonesia

Statistics Indonesia
Jakarta, Indonesia

Ministry of Health
Jakarta, Indonesia

USAID

July 2018

INDONESIA DEMOGRAPHIC AND HEALTH SURVEY 2017: ADOLESCENT REPRODUCTIVE HEALTH KEY INDICATORS REPORT

PREFACE
National Population and Family Planning Board, Indonesia

The adolescent reproductive health (ARH) program is part of the Indonesia's Population, Family Planning and Family Development (PFPFD) program. The main focus of the ARH program is to increase the awareness of young people and all related stakeholders on the importance of reproductive health for youth. The issues which addressed by the program are the prevention of early marriage, unwanted pregnancies, use of tobacco, alcohol consumption, and HIV-AIDS.

The publication of the ARH key indicators of the 2017 Indonesia Demographic Health Survey (IDHS) provides useful information for designing policies and programs to address the ARH issues in Indonesia. As the previous surveys, the 2017 IDHS is carried out by the National Population and Family Planning Board, Statistics Indonesia, and the Ministry of Health.

The data and information presented in this publication are expected to be used as inputs for planning and evaluating the Indonesia's PFPFD program. This publication can also be used as a reference in developing adolescent reproductive health care programs by various sectors throughout Indonesia.

I would like to express my gratitude to Statistics Indonesia, the Ministry of Health, and ICF International for their close cooperation in preparing the survey report. I would also like to extend my gratitude to the United States Agency for International Development (USAID) for providing technical assistance through ICF International.

Jakarta, July 2018

Acting, Head of National Population and
Family Planning Board, Indonesia

dr. Sigit Priohutomo, MPH

PREFACE
Statistics Indonesia

Indonesia Demographic and Health Survey 2017 (2017 IDHS) is the eighth IDHS that provides an overview of demographic and health conditions in Indonesia. The first survey was the Indonesian Contraceptive Prevalence Survey in 1987. The second to the seventh surveys were the 1991 IDHS, the 1994 IDHS, the 1997 IDHS, the 2002-2003 IDHS, the 2007 IDHS, and the 2012 IDHS. The 2017 IDHS was a survey designed to provide information about fertility, mortality, family planning, and health. The coverage of the 2017 IDHS is the same as the 2012 IDHS, which is all women age 15-49, married men age 15-54, and young men age 15-24. Young women are already covered in women reproductive age 15-49.

The 2017 IDHS aims to gather information on fertility, family planning, maternal and child health, prevalence of immunization, knowledge of HIV-AIDS and other sexually transmitted infections (STIs). Data collection was conducted from 24 July to 30 September 2017 in 34 provinces. The sample frame used is a list of census blocks on selected PSU (Primary Sampling Unit) completed with information on the number of households listed in 2010 Population Census. The sample of the 2017 IDHS is designed to generate national estimates based on the important characteristics of women age 15-49. However, some indicators may be presented by province with due to observance of sample adequacy.

The results of the 2017 IDHS are presented in the form of reports containing key indicators. This report provides an overview of result's visits, characteristics of respondents, fertility indicators and family planning, maternal and child health, infant and child mortality, and understanding of HIV-AIDS. Suggestions and constructive criticism are expected to improve the report in the future. Appreciation and gratitude are given to all those who have contributed to preparation of this report. Hopefully this report would be a meaningful input for the determination of fertility, family planning, and health policy in Indonesia.

Jakarta, July 2018

BPS - Statistics Indonesia

Dr. Suhariyanto
Chief Statistician

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

x

I INTRODUCTION

1.1   Background

The 2017 Indonesia Demographic and Health Survey (IDHS) was carried out by Statistics Indonesia (BPS) in collaboration with the National Population and Family Planning Board (BKKBN) and the Ministry of Health (MOH). Funding for the survey was provided by the government of Indonesia. In implementing the survey, the government of Indonesia received technical assistance from the U.S. Agency for International Development (USAID) through the Demographic and Health Surveys (DHS) Program, a USAID-funded project which provides assistance to developing countries in conducting DHS surveys. The 2017 IDHS is the eighth survey conducted in Indonesia under the auspices of the DHS program. Data collected in the 2017 IDHS provide the most recent estimates of major population and health indicators for Indonesia, principally the total fertility rate (TFR), contraceptive prevalence rate (CPR), use of long term contraceptive methods, unmet need for family planning services, child mortality, maternal health care, complete immunization coverage, and other health indicators.

As in the 2012 IDHS, the 2017 IDHS covered all women age 15-49. In addition, the 2017 IDHS also interviewed married men age 15-54 and never-married men age 15-24.

In addition to questions asked to all women age 15-49, never-married women age 15-24 were asked additional questions about their personal background, their knowledge about puberty and family planning methods, reproductive health, knowledge of HIV-AIDS, and other sexually transmitted infections. They were also asked questions about use of tobacco, alcohol drinking, use of illegal drugs, dating and sexual experiences, and other information that policymakers and administrators in the health and family planning fields may use in their respective programs.

Never-married men age 15-24 were asked questions similar to those asked to never-married women age 15-24.

The interviews with never-married women and men age 15-24 are referred to as the adolescent reproductive health (ARH) component of the 2017 IDHS. This report presents a first look at selected findings of the ARH component. A comprehensive analysis of the data will be published in 2018. While considered provisional, the results presented here are not expected to differ significantly from those presented in the final report.

1.2   Objectives of the ARH Component of the 2017 IDHS

Specifically, the ARH component of the 2017 IDHS was designed to:

- Measure the knowledge of adolescents about reproductive health issues
- Examine attitudes of adolescents on various issues in reproductive health
- Evaluate tobacco use, alcohol consumption, and drug use
- Assess sexual activity among adolescents
- Explore adolescent awareness of HIV-AIDS and other sexually transmitted infections

II SURVEY IMPLEMENTATION

The following describes key elements of the implementation of the 2017 IDHS.

2.1   Questionnaires

The 2017 IDHS used four questionnaires: the Household Questionnaire, Women's Questionnaire, Married Men's Questionnaire, and Never Married Men's Questionnaire. The household and women's questionnaires are largely based on standard DHS Phase 7 questionnaires (2015 version) which accommodates some of the latest issues. However, there are some questions that are not adopted in the 2017 IDHS. Moreover, additional questions were added to tailor to local needs related to health and family planning program in Indonesia. The response categories were modified to reflect the local situation.

The Household Questionnaire was used to record all household members and guests who spent the previous night in the selected households. In addition, it is also used to determine female and male respondents who meet the requirements for interviews. Individual information collected in this questionnaire are: age, sex, education, marital status, and relationship with the head of the household. Information on characteristics of the housing unit, such as source of drinking water, type of toilet facilities, construction materials used for the floor, type of roof and outer walls of the house, and ownership of various household assets were also recorded in the Household Questionnaire. Information on these items describes the socio-economic status of the household and used to calculate the household wealth index.

The Women's Questionnaire was used to collect information from all women age 15-49. The women were asked questions on background characteristics such as marital status, education, migration status, and media exposure; reproductive history and fertility preferences; knowledge and use of family planning methods; antenatal, delivery, and postnatal care; breastfeeding and infant and young child feeding practices; vaccinations and childhood illnesses; marriage and sexual activity; fertility preferences; husband's employment and background characteristics; childhood mortality; awareness and behavior regarding *Human Immunodeficiency Virus - Acquired Immune Deficiency Syndrome* (HIV-AIDS) and other *sexually transmitted infections* (STIs); and other health issues.

Questions given to women age 15-24 include: additional background characteristics; knowledge of the human reproductive system; attitudes toward marriage and having children; the role of family, school and community; tobacco smoking, drinking alcohol, and using illegal drugs; knowledge of HIV-AIDS; dating and sexual activity.

Married Men's Questionnaire was used to collect information from married men age 15-54. Information collected from this questionnaire includes background characteristics; birth history; contraception; marriage and social activities; fertility preferences; employment and gender roles; HIV-AIDS; and other health issues

The questionnaire for never-married men age 15-24 included questions similar to those asked to never- married women age 15-24.

2.2   Sample Design

The 2017 IDHS sample was selected using two-stage stratified sampling design. In the first stage, a number of census blocks were selected employing a systematic PPS *(proportional to size)* sampling approach in which the measure of size was the number of households listed in 2010 Population Census. An implicit stratification process based on wealth index categories was used for determining the census block

sequence. In the second stage, 25 ordinary households were systematically selected in each of the selected census blocks sampling from an updated household listing. Eight households were chosen systematically from the 25 households for the married men's survey.

The 2017 IDHS sample, which covered 1,970 census blocks in urban and rural areas, was expected to obtain a total of 49,250 households. The sampled households were expected to include about 59,100 women age 15-49 and 24,625 never-married men age 15-24 eligible for individual interview. The households selected in each census block for the married men's survey were expected to yield 14,193 married men age 15-54.

2.3   Training and Fieldwork

The training of fieldworkers was one of the important activities in the 2017 IDHS. The field worker training was designed to ensure the field staff had a similar understanding with respect to the concept and operational definition of the variables collected in the survey. The first phase of the training for the 2017 IDHS consisted of the training of master instructors (intama), the national instructors (innas) training, and the field coordinators training. The training had the following goals:

1. Each trainee must be able to read and understand the contents of questionnaire;
2. Each trainee must read and understand the concepts and definitions contained in the manual;
3. Each trainee must understand how to interview and how to record the responses in the questionnaire.

A total of 1,160 persons participated in the 2017 IDHS fieldworker training as interviewers, editors and supervisors. Training took place in early July 2017 in nine training centres; North Sumatra, West Sumatera, West Java, Central Java, Bali, South Kalimantan, South Sulawesi, Papua and West Papua. The training was conducted in discussion format to facilitate the teaching and learning processes. Training materials focused on concepts and definitions, knowledge, experience, flow of questions, and data consistency between questions related to households, all women, married men, never-married men, supervision, and field editing. In addition, the trainees also participated in role playing activities and field try outs. These activities were aimed at enabling all field staff to conduct interviews properly and fill out the questionnaires correctly.

In the field try out, each interviewer had to identify and interview eligible respondents. After the interview was completed, the questionnaires were submitted to the field editor for review.

Fieldwork took place from July 24, 2017 to September 30, 2017. After completing data collection, interviewers submitted the questionnaires to their respective editor to be edited. After ensuring that the questionnaires were free from errors, the editors in turn, submitted the questionnaires to the supervisor for review and examination. All completed questionnaires from one census block were arranged in order according to household number and along with the control forms, were returned to the BPS central office in Jakarta for data processing.

2.4   Data Processing

In BPS, the questionnaires were logged and edited, and all open-ended questions were coded. Responses were entered into the computer twice (double entry) for verification, and they were corrected for computer-identified errors. The called Census and Survey Processing System (CSPro) 6.3 software package, which was specifically designed to process DHS-type survey data, was used for the data processing. In data processing activities, BPS was assisted by experts from ICF through USAID funding.

III RESULTS

This section of the report focuses on key findings from the adolescent reproductive health (ARH) component of the 2017 IDHS.

3.1   Results of interviews

Table 1 shows the results of the interviews for the 2017 IDHS. The survey selected a total of 49,261 households, of which 48,216 were occupied. Of these households, 47,963 were successfully interviewed, yielding a household response rate of close to 100 percent.

Table 1. Results of the household and individual interviews			
Number of households, number of interviews, and response rates for the ARH component of the 2017 Indonesia DHS, according to residence (unweighted) , Indonesia 2017			
	Residence		
Result	Urban	Rural	Total
Household interviews			
Household selected	25,306	23,955	49,261
Household occupied	24,707	23,509	48,216
Household interviewed	24,560	23,403	47,963
Household response rate[1]	99.4	99.5	99.5
Interviews with never-married women age 15-24			
Number of eligible women	6,605	4,427	11,032
Number of eligible women interviewed	6,391	4,300	10,691
Eligible women response rate[2]	96.8	97.1	96.9
Interviews with never-married men age 15-24			
Number of eligible men	7,699	6,161	13,860
Number of eligible men interviewed	7,237	5,842	13,079
Eligible men response rate[2]	94.0	94.8	94.4
[1] Households interviewed/households occupied			
[2] Respondents interviewed/eligible respondents			

In the interviewed households, 11,032 never-married women age 15-24 were eligible for individual interview, and 10,691 were successfully interviewed, yielding a response rate of 97 percent. In the same households, 13,860 never-married men age 15-24 were eligible for interview. Of these men, 13,079 were successfully interviewed, yielding a response rate of 94 percent. The response rates were similar in urban and rural areas.

3.2   Respondent's Characteristics

In this report, the main background characteristics used to analyse differentials in knowledge, attitudes, and practices in reproductive health are age, urban-rural residence, and education level. Table 2 shows the distribution of women and men age 15-24 in the ARH component of the 2017 IDHS sample according to these characteristics.

Table 2. Background characteristics of respondents

Percent distribution of never-married women and men age 15-24 by background characteristics, Indonesia 2017

Background characteristic	Never-married women			Never-married men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15	15.3	1,523	1,655	13.6	1,715	1,755
16	15.1	1,507	1,625	13.1	1,648	1,715
17	16.2	1,614	1,663	14.6	1,840	1,840
18	11.2	1,115	1,207	10.3	1,304	1,398
19	9.9	992	1,056	9.6	1,206	1,310
15-19	67.7	6,751	7,206	61.2	7,713	8,018
20	9.7	972	958	9.1	1,153	1,223
21	8.0	793	861	7.9	998	1,048
22	6.1	607	669	8.6	1,084	1,084
23	4.9	492	549	7.1	901	917
24	3.6	357	448	6.0	763	789
20-24	32.2	3,221	3,485	38.8	4,899	4,899
Residence						
Urban	59.1	5,890	6,391	54.5	6,869	7,237
Rural	40.9	4,081	4,300	45.5	5,743	5,842
Education						
No education	0.3	28	33	0.5	63	74
Some primary	1.2	119	151	4.0	505	600
Completed primary	2.2	223	232	5.5	690	599
Some secondary	49.4	4,928	5,189	50.9	6,426	6,469
Completed secondary or higher	46.9	4,674	5,086	39.1	4,928	5,337
Total	100.0	9,971	10,691	100.0	12,612	13,079

In this survey, 68 percent of the women and 61 percent of the men interviewed were age 15-19. The women were slightly more likely to live in urban areas than the men (59% and 55%, respectively).

Two percent of the women and five percent of the men age had less than primary school education. Forty-seven percent of the women had completed secondary or higher education compared with 39 percent of the men. This represents an improvement compared to the educational levels among women and men age 15-24 reported in the 2012 IDHS (43% and 35%, respectively).

3.3   Exposure to Mass Media

Knowledge of the type of media most used by adolescents is important when designing a mass media strategy to reach them. The 2017 IDHS obtained information on exposure to three types of traditional media: print materials (newspaper and magazines), radio and television. It also included questions on exposure to the internet.

Table 3 and Figure 1 shows that television is by far the most popular traditional media; 81 percent of women age 15-24 watched television at least once a week compared to 77 percent of men in the same age group. Exposure to other traditional media is much more limited. For example, only 15 percent of women and 14 percent of men read a newspaper or magazine at least once a week. Overall, only 4 percent of women and men are exposed to all three traditional media at least once a week. Fifteen percent of women and 20 percent of men do not access any of the three media weekly. Differentials in exposure to traditional media are most notable by the respondent's education, with the percentages of women and men exposed to print materials, the radio, or television generally increasing with the education level.

Table 3 and Figure 1 also show that the internet is widely accessed; 88 percent of women and 86 percent of men accessed the internet in the month before the survey. Among both women and men, internet access is higher among urban than rural residents and increases markedly with the level of education.

Table 3. Exposure to mass media

Percentage of never-married women and men age 15-24 who usually read a newspaper or magazine at least once a week, listen to the radio at least once a week, and watch TV at least once week; percentage who access all three media and none of the three media at least once a week; and percentage who accessed the internet in last 12 months and accessed internet in past one month, by background characteristics, Indonesia 2017

Background characteristic	Reads newspaper/ magazine at least once a week	Listens to a radio at least once a week	Watches TV at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Accessed internet in last 12 months	Accessed internet in last 1 month	Number
NEVER-MARRIED WOMEN								
Age								
15-19	12.5	14.3	81.9	3.1	14.2	86.5	85.9	6,750
20-24	19.9	19.3	78.9	5.6	15.4	93.7	93.4	3,221
Residence								
Urban	16.8	17.4	80.9	4.5	14.0	94.0	93.7	5,890
Rural	12.1	13.8	81.0	3.1	15.6	81.3	80.5	4,081
Education								
No education	(0.0)	(8.0)	(52.8)	(0.0)	(47.2)	(13.1)	(13.1)	28
Some primary	1.0	13.2	72.1	0.4	27.3	40.3	40.0	119
Completed primary	8.1	15.0	78.1	4.8	20.8	50.3	50.2	223
Some secondary	11.5	13.9	81.7	2.7	14.4	85.4	84.8	4,928
Completed secondary or higher	19.2	18.3	80.7	5.2	14.1	95.9	95.5	4,674
Total	14.9	15.9	80.9	3.9	14.6	88.8	88.3	9,971
NEVER-MARRIED MEN								
Age								
15-19	12.1	13.8	78.9	3.3	18.1	86.0	84.3	7,713
20-24	17.2	17.2	73.3	4.3	22.1	89.7	88.2	4,899
Residence								
Urban	16.7	15.1	76.9	3.9	18.7	92.6	91.5	6,869
Rural	11.0	15.1	76.6	3.4	20.7	81.2	79.1	5,743
Education								
No education	10.0	7.8	51.6	0.0	45.4	37.0	32.9	63
Some primary	4.7	11.2	63.8	0.7	33.1	50.8	48.3	505
Completed primary	6.0	15.1	64.0	2.6	32.8	63.9	61.6	690
Some secondary	10.8	14.3	79.7	3.0	17.6	86.7	84.9	6,426
Completed secondary or higher	20.6	16.7	76.3	5.1	18.8	96.1	95.0	4,928
Total	14.1	15.1	76.8	3.7	19.6	87.4	85.8	12,612

Note: Figures in parentheses are based on 25-49 unweighted cases
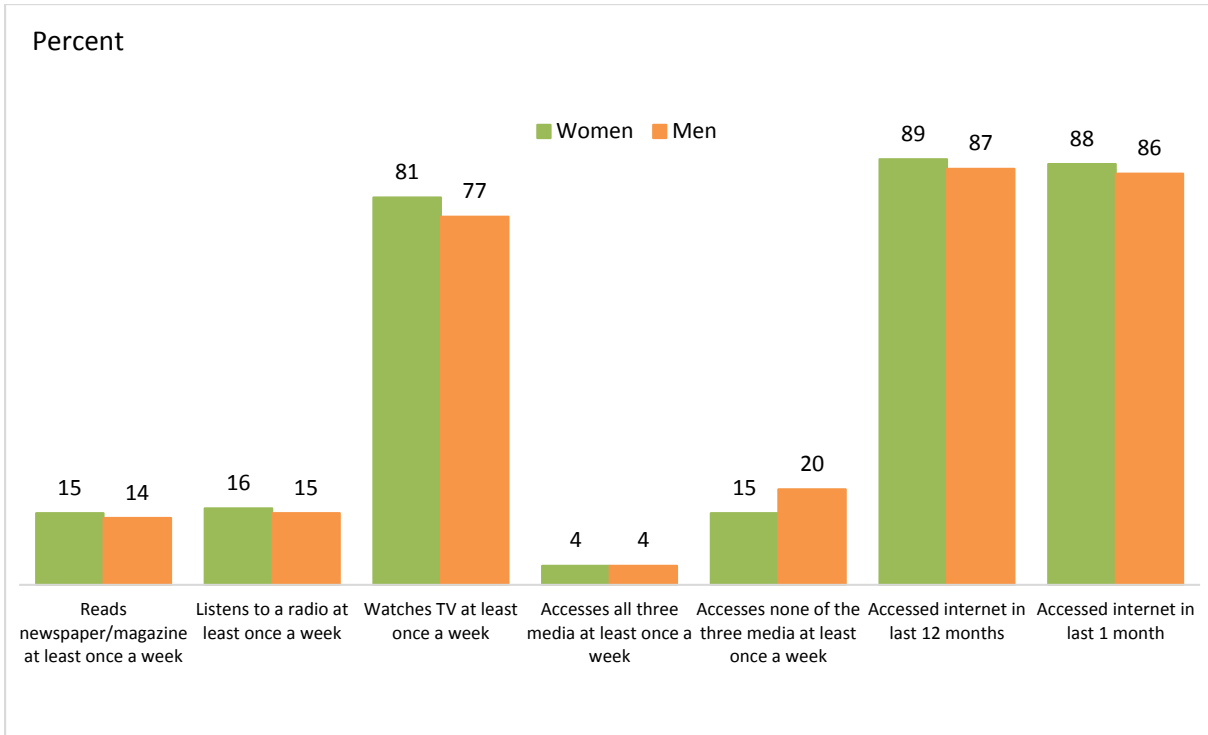
Figure 1. Exposure to Mass Media

3.4   Knowledge of Physical Changes at Puberty

In the ARH component of the 2017 IDHS, respondents were asked to mention signs of physical changes that occur when a boy or girl grows into a teenager. The women and men were expected to respond spontaneously and to mention more than one physical change. The results are presented in Table 4.

The physical changes in boys most widely known by women are voice changes (77%), followed by growth in Adam's apple (68%), and growth of hair on the face, around the genitals, armpits, chest, legs or arms (49%). The physical changes in boys mostly known by men are voice changes (53%), followed by hair growth on the face, around the genitals, armpits, chest, legs or arms (52%), and wet dreams (51%).

The physical changes in girls most commonly cited by women are the onset of menstruation (89%), growth in breasts (78%), and hair growth around the genitals or in armpits (39%). The physical changes in girls most widely known by young men are growth in breasts (60%), menstruation (58%), and hair growth around the genitals and armpits (23%).

Table 4. Knowledge of physical changes at puberty

Percentage of never-married women and men age 15-24 who know of specific physical changes in a boy and a girl at puberty, by age, Indonesia 2017

Indicators of physical changes	Never-married women			Never-married men		
	15-19	20-24	Total	15-19	20-24	Total
In a boy						
Develop muscles	32.1	34.0	32.7	23.4	23.8	23.5
Change in voice	76.1	77.7	76.6	54.3	50.1	52.7
Growth of facial hair, pubic hair, or hair on chest, legs, and arms	49.3	48.2	48.9	52.7	49.7	51.5
Increase in sexual arousal	4.3	5.4	4.6	6.7	11.1	8.4
Wet dreams	36.9	38.9	37.6	49.6	53.5	51.1
Growth in Adam's apple	68.9	66.2	68.0	45.0	39.5	42.8
Hardening of nipples	1.2	1.8	1.4	2.9	3.5	3.1
Other	1.9	2.7	2.1	7.1	11.2	8.7
Don't know any signs	5.6	4.6	5.3	7.9	7.0	7.5
In a girl						
Growth of pubic hair and underarm hair	39.5	36.5	38.5	23.0	23.0	23.0
Growth in breasts	77.5	80.6	78.5	58.1	62.5	59.8
Growth in hips	39.7	32.2	37.3	23.2	19.6	21.8
Increase in sexual arousal	4.2	5.9	4.8	3.1	5.1	3.9
Menstruation	87.8	90.5	88.7	55.9	61.3	58.0
Other	3.5	4.4	3.8	4.4	6.8	5.3
Don't know any signs	2.44	2.2	2.3	18.3	15.0	17.1
Number	6,75050	3,221	9,971	7,713	4,899	12,612

3.5   Discussion of Reproductive Health

In the ARH component of the 2017 IDHS, women respondents were asked whether they discussed with others about their period before they had their first period. Table 5.1 shows that 58 percent of women discussed menstruation with friends and 45 percent discussed the subject with their mothers. Around one in five women did not discuss menstruation with anyone before having the first period.

Table 5.1 Discussion of menstruation before first menstruation: Women			
Among never-married women age 15-24 who have begun menstruation, percentage who discussed menstruation with specific persons before first menstruation, by age, Indonesia 2017			
Person with whom menstruation was discussed	Age		Total
	15-19	20-24	
Friends	59.7	53.1	57.5
Mother	43.4	49.1	45.2
Father	0.7	1.3	0.9
Siblings	13.4	15.1	13.9
Relatives	7.8	9.5	8.3
Teacher	15.4	15.4	15.4
Health service provider	0.7	0.7	0.7
Religious leader	0.6	1.1	0.8
Other	1.0	0.5	0.9
No one	20.6	21.5	20.9
Number	6,708	3,218	9,925

Men respondents who had experienced wet dreams were asked if they discussed wet dreams with anyone. Table 5.2 shows that 54 percent of young men did not talk about wet dreams to anyone, 38 percent talked about it with friends, and 20 percent discussed it with teachers.

Table 5.2 Discussion of wet dreams before first wet dream: Men			
Among never-married men age 15-24 who had wet dreams, percentage who discussed wet dreams with specific persons before first wet dream, by age, Indonesia 2017			
Person with whom wet dream was discussed	Age		Total
	15-19	20-24	
Friends	37.4	39.0	38.0
Mother	1.5	1.6	1.5
Father	1.3	1.6	1.4
Siblings	0.8	1.0	0.9
Relatives	1.2	1.2	1.2
Teacher	20.2	18.5	19.5
Health service provider	0.4	0.2	0.3
Religious leader	2.8	4.1	3.3
Other	0.0	0.1	0.1
No one	56.7	51.3	54.5
Number	7,188	4,796	11,984

3.6   Knowledge of Contraceptive Methods

The ARH program in Indonesia seeks to improve the information adolescents have about contraceptive methods. To assess the level of contraceptive knowledge, adolescents were asked in the ARH component of the 2017 IDHS if they had heard of any methods to delay or avoid pregnancy, and, if so, to name the contraceptive methods they had heard about. Information was recorded separately for 10 modern methods and 2 traditional methods. If a respondent did not mention a specific method of contraception, the interviewer read a description of the method and asked if the adolescent had heard of it.

Table 6 shows that, in the 15-24 age group, 96 percent of women and 93 percent of men have heard of at least one contraceptive method. Except for the condom, women are more knowledgeable than men about modern contraceptive methods. Both female and male adolescents in Indonesia are generally less familiar with traditional than modern contraceptive methods. On average, women know five contraceptive methods, while men know four methods.

The most widely recognized contraceptive methods among women are the pill and injectables (89% each). Men are most likely to mention condom (89%), but knowledge of the pill and injectable among men was also high (76% and 64%, respectively).

In general, the level of knowledge of contraceptive methods among adolescents age 20-24 is higher than that among those age 15-19.

Table 6. Knowledge of contraceptive methods

Percentage of never-married women and men age 15-24 who have heard of any contraceptive method, by specific method, according to age, Indonesia 207

Contraceptive methods	Never-married women			Never-married men		
	15-19	20-24	Total	15-19	20-24	Total
Any method	94.2	98.2	95.5	91.5	96.3	93.3
Any modern method	94.2	98.2	95.5	91.4	96.3	93.3
Female sterilization	35.4	59.5	43.2	12.1	18.1	14.5
Male sterilization	12.2	29.3	17.7	9.0	14.7	11.2
IUD	40.8	71.7	50.8	15.4	26.8	19.8
Injectables	87.0	94.6	89.4	60.3	69.4	63.8
Implants	54.8	72.4	60.5	23.8	32.9	27.3
Pill	85.6	95.9	88.9	70.3	85.0	76.0
Condom	73.9	91.4	79.5	85.7	93.7	88.8
Intravag/diaphragm	10.8	18.2	13.2	7.0	10.8	8.5
LAM	11.6	22.3	15.0	3.2	5.3	4.0
Emergency contraception	9.1	17.7	11.9	6.4	11.7	8.4
Any traditional method	24.8	47.0	32.0	32.2	46.9	37.9
Rhythm	18.8	38.0	25.0	9.9	17.8	13.0
Withdrawal	12.2	31.4	18.4	28.4	43.4	34.2
Other	2.1	3.8	2.7	1.8	3.4	2.4
Number	6,750	3,221	9,971	7,713	4,899	12,612
Mean number of methods known	5	6	5	3	4	4

Note: LAM = Lactational amenorrhea method

3.7 Attitudes about Marriage

In the ARH component of the 2017 IDHS, respondents were asked what they consider the best age for a woman and a man to get married. The findings are presented in Table 7.1 for women age 15-24 and Table 7.2 for men age 15-24.

Table 7.1 shows that the median ideal age at first marriage among women is 23.7 years. The median ideal age at first marriage was highest among women age 20-24 (24.2 years), urban women (23.9 years) and women with secondary or higher education (23.9 years). Table 7.2 shows that men think the ideal age at first marriage for women is 22.8 years, almost a year younger than women prefer. The median ideal age was highest among men living in urban areas and men with secondary or higher education (23.2 years).

Table 7.1 Ideal age at first marriage for women

Percent distribution of never-married women and men age 15-24 by ideal age at first marriage for women and median ideal age at first marriage for women, according to background characteristics, Indonesia 2017

Background characteristics	Ideal age at first marriage for women						Median ideal age at first marriage for women
	<20	20-24	25+	Don't know/ missing	Total	Number	
	NEVER-MARRIED WOMEN						
Age							
15-19	2.3	62.3	31.9	3.5	100.0	6,750	23.5
20-24	1.1	57.6	39.7	1.6	100.0	3,221	24.2
Residence							
Urban	1.5	60.0	36.4	2.1	100.0	5,890	23.9
Rural	2.4	62.0	31.6	4.0	100.0	4,081	23.4
Education							
No education	(6.8)	(44.1)	(13.8)	(35.3)	(100.0)	28	(22.2)
Some primary	2.4	47.2	23.2	27.2	100.0	119	22.4
Completed primary	7.7	62.8	19.6	10.0	100.0	223	21.0
Some secondary	2.2	61.0	33.1	3.7	100.0	4,928	23.5
Completed secondary or higher	1.3	60.9	36.9	0.9	100.0	4,674	23.9
Total	1.9	60.8	34.4	2.9	100.0	9,971	23.7
	NEVER-MARRIED MEN						
Age							
15-19	5.6	68.2	18.8	7.4	100.0	7,713	22.7
20-24	5.3	71.2	20.9	2.6	100.0	4,899	23.0
Residence							
Urban	3.5	70.6	21.5	4.3	100.0	6,869	23.2
Rural	7.8	67.9	17.3	6.9	100.0	5,743	22.3
Education							
No education	12.2	45.9	11.3	30.6	100.0	63	22.3
Some primary	14.6	54.6	13.2	17.6	100.0	505	21.6
Completed primary	11.1	67.7	13.6	7.6	100.0	690	21.5
Some secondary	5.9	68.1	19.0	7.0	100.0	6,426	22.6
Completed secondary or higher	3.1	73.0	22.1	1.8	100.0	4,928	23.2
Total	5.5	69.4	19.6	5.5	100.0	12,612	22.8

Note: Figures in parentheses are based on 25-49 unweighted cases

Table 7.2 shows that the median ideal age at first marriage for men is close to 26 years among both women and men. There are only small variations across subgroups of respondents with regard to their perceived ideal age at first marriage for men.

Table 7.2 Ideal age at first marriage for men

Percent distribution of never-married women and men age 15-24 by ideal age at first marriage for men, according to background characteristics, Indonesia 2017

Background characteristics	Ideal age at first marriage for men						Median ideal age at first marriage for men
	<20	20-24	25+	Don't know/ missing	Total	Number	
NEVER-MARRIED WOMEN							
Age							
15-19	0.4	14.6	79.6	5.4	100.0	6,750	25.8
20-24	0.3	6.7	90.6	2.5	100.0	3,221	26.5
Residence							
Urban	0.2	11.0	85.3	3.5	100.0	5,890	26.0
Rural	0.5	13.6	80.0	5.8	100.0	4,081	25.8
Education							
No education	(3.8)	(17.7)	(39.7)	(38.8)	(100.0)	28	(25.6)
Some primary	1.1	18.2	55.1	25.6	100.0	119	25.6
Completed primary	1.3	21.1	67.7	10.0	100.0	223	25.5
Some secondary	0.3	14.7	78.9	6.0	100.0	4,928	25.8
Completed secondary or higher	0.3	8.6	89.3	1.8	100.0	4,674	26.0
Total	0.3	12.1	83.1	4.5	100.0	9,971	25.9
NEVER-MARRIED MEN							
Age							
15-19	0.6	22.1	71.1	6.2	100.0	7,713	25.5
20-24	0.1	12.1	85.7	2.1	100.0	4,899	25.7
Residence							
Urban	0.3	15.6	80.7	3.4	100.0	6,869	25.7
Rural	0.6	21.3	72.2	5.9	100.0	5,743	25.5
Education							
No education	3.0	14.7	57.9	24.4	100.0	63	25.5
Some primary	1.5	22.4	59.6	16.4	100.0	505	25.5
Completed primary	0.8	19.9	72.7	6.6	100.0	690	25.5
Some secondary	0.5	22.5	71.2	5.8	100.0	6,426	25.5
Completed secondary or higher	0.2	11.9	86.7	1.2	100.0	4,928	25.7
Total	0.4	18.2	76.8	4.6	100.0	12,612	25.6

Note: Figures in parentheses are based on 25 – 49 unweighted cases

3.8 Ideal Age at First Birth

Respondents in the ARH component of the 2017 IDHS were asked their opinion about age they think is ideal for a woman and for a man to have their first child. Table 8.1 shows information on the age that women and men age 15-24 consider ideal for a woman to have her first birth and Table 8.2 shows the age that is preferred for a man.

Very few women (1%) and men (2%) believe a woman should have her first birth before age 20, and almost half of women (49%) and more than one-third of men think a woman should wait until at least her 25th birthday. The ideal age at first birth for women is 25.1 years compared with 24.4 years among men. Differences in the median ideal age at first birth for women among subgroups are small.

Table 8.1 Ideal age at first birth for women

Percent distribution of never-married women and men age 15-24 by ideal age at first birth for women and the median ideal age at first marriage for women, according to background characteristics, Indonesia 2017

Background characteristics	Ideal age at first birth for women						Median ideal age at first birth for women
	<20	20-24	25+	Don"t know/ missing	Total	Number	
NEVER-MARRIED WOMEN							
Age							
15-19	0.8	44.1	46.9	8.2	100.0	6,750	25.1
20-24	0.2	42.4	53.9	3.5	100.0	3,221	25.2
Residence							
Urban	0.5	40.8	53.5	5.2	100.0	5,890	25.3
Rural	0.7	47.5	42.9	8.9	100.0	4,081	24.8
Education							
No education	(6.3)	(34.2)	(23.2)	(36.3)	(100.0)	28	(23.8)
Some primary	2.4	36.9	26.3	34.4	100.0	119	23.7
Completed primary	4.8	52.3	27.6	15.2	100.0	223	23.1
Some secondary	0.7	42.4	47.8	9.1	100.0	4,928	25.1
Completely secondary or higher	0.2	44.5	52.3	2.9	100.0	4,674	25.2
Total	0.6	43.5	49.1	6.7	100.0	9,971	25.1
NEVER-MARRIED MEN							
Age							
15-19	1.6	51.2	35.8	11.4	100.0	7,713	24.4
20-24	1.3	54.7	39.3	4.8	100.0	4,899	24.5
Residence							
Urban	0.9	50.4	41.3	7.4	100.0	6,869	24.7
Rural	2.2	55.1	32.2	10.5	100.0	5,743	24.0
Education							
No education	1.9	42.9	24.9	30.3	100.0	63	23.4
Some primary	4.1	45.6	25.3	25.0	100.0	505	23.4
Completed primary	3.6	58.0	27.1	11.4	100.0	690	23.4
Some secondary	1.4	51.3	36.1	11.2	100.0	6,426	24.3
Completed secondary or higher	1.0	54.3	41.3	3.4	100.0	4,928	24.6
Total	1.5	52.6	37.1	8.8	100.0	12,612	24.4

Note: Figures in parentheses are based on 25-49 unweighted cases

A large majority of women (84%) and men (82%) say that a man should wait until he is at least 25 before having his first child (Table 8.2). The median ideal age at first birth for men is 27.1 years among women and 26.8 years among men. Again, there are only relatively small differences in the ideal age at first birth for men across subgroups of women and men.

Table 8.2 Ideal age at first birth for men

Percent distribution of never-married women and men age 15-24 by ideal age at first birth for men and the median ideal age at first birth for men, according to background characteristics, Indoneia 2017

Background characteristics	Ideal age at birth of first child for men						Median ideal age at first birth for men (years)
	<20	20-24	25+	Don't know/ missing	Total	Number	
NEVER-MARRIED WOMEN							
Age							
15-19	0.1	8.6	81.2	10.1	100.0	6,750	27.0
20-24	0.1	4.2	91.1	4.6	100.0	3,221	27.3
Residence							
Urban	0.1	6.2	87.1	6.6	100.0	5,890	27.3
Rural	0.2	8.5	80.5	10.8	100.0	4,081	26.9
Education							
No education	(3.8)	(9.7)	(47.2)	(39.3)	(100.0)	28	(26.3)
Some primary	1.7	15.1	47.9	35.2	100.0	119	26.5
Completed primary	0.0	19.6	62.6	17.8	100.0	223	26.5
Some secondary	0.1	8.1	80.8	11.0	100.0	4,928	27.1
Completed secondary or higher	0.1	5.4	90.3	4.2	100.0	4,674	27.2
Total	0.1	7.2	84.4	8.3	100.0	9,971	27.1
NEVER-MARRIED MEN							
Age							
15-19	0.4	12.5	76.9	10.2	100.0	7,713	26.8
20-24	0.1	5.6	90.0	4.3	100.0	4,899	27.0
Residence							
Urban	0.2	7.8	85.6	6.4	100.0	6,869	26.9
Rural	0.4	12.3	77.6	9.7	100.0	5,743	26.7
Education							
No education	3.0	15.2	52.5	29.3	100.0	63	26.1
Some primary	0.7	13.7	62.4	23.2	100.0	505	26.6
Completed primary	0.4	12.4	75.1	12.1	100.0	690	26.6
Some secondary	0.3	12.4	77.3	10.0	100.0	6,426	26.8
Completed secondary or higher	0.1	5.8	91.4	2.8	100.0	4,928	27.0
Total	0.3	9.8	82.0	7.9	100.0	12,612	26.8

Note: Figures in parentheses are based on 25-49 unweighted cases

3.9 Smoking, Alcohol Consumption, and Drugs Use

Smoking prevalence among adolescents under age 18 is one of the key indicators of the Sustainable Development Goals (SDGs) listed in the Presidential Decree (Perpres) Number 59 Year 2017 (President of Republic of Indonesia, 2017). Smoking behavior is strongly related to increased risk of non-communicable diseases such as cardiovascular disease, cancer and chronic obstructive pulmonary disease (WHO, 2012). The Ministry of Health has established several policies to reduce prevalence of smoking, including No Smoking Zone (*Kawasan Tanpa Rokok*/KTR) at school, workplace and public areas (Ministry of Health, 2015). Adolescents in the ARH component of the 2017 IDHS only specify to age 15-24, so the indicator for prevalence of smoking $\leq$ 18 years in SDGs is limited to the age 15-18.

Other SDGs indicators related to adolescents include drug use and alcohol consumption. Adolescents who drink alcohol or consume drugs have a higher risk of accidents and injuries (WHO, 2012). The government of Indonesia has initiated efforts to prevent drug abuse through formal education and a mass media campaign.

Table 9 shows the percentage of women and men age 15-24 who currently smoke, who drank alcohol in the three months before the survey, and who ever used drugs. To provide information to monitor SDG indicators, the table provides information for the 15-18 age group as well as the standard 15-19 and 20-24 age categories. Men have much greater percentage of those risk behaviors than women. The prevalence of risky behaviors among men is 55 percent currently smoke and 37 percent drink alcohol recently. The percentage of drugs use is much smaller, which is less than one percent of women and three percent of men. With regard to the SDG smoking indicator, 45 percent of men and one percent of women age 15-18 currently smoke cigarettes.

Due to small percentages, the differentials shown for women in Table 9 should be interpreted with caution. Among men, the prevalence of smoking, alcohol consumption and drug use all increase with age. Never-married men living in urban areas less likely to smoke, drink alcohol and use drug than those living in rural areas. The percentage of risky behaviors in men by education level does not show a particular trend pattern.

Table 9. Smoking, alcohol consumption, and drug use

Percentage of never-married women and men age 15-24 currently smoking, consuming alcohol in the three months prior to the survey, and ever using drugs, according to background characteristics, Indonesia 2017

Background characteristic	Never-married women				Never married-men			
	Smoking	Consuming alcohol	Drug use	Number	Smoking	Consuming alcohol	Drug use	Number
Age								
15-19	0.7	3.4	0.2	6,750	47.6	28.6	3.0	7,713
15-18	0.8	3.4	0.2	5,783	45.4	26.1	2.8	6,507
20-24	1.4	6.7	0.3	3,221	67.2	50.3	7.6	4,899
Residence								
Urban	1.4	5.0	0.3	5,890	52.4	35.9	5.3	6,869
Rural	0.4	3.6	0.1	4,081	58.6	38.4	4.1	5,743
Education								
No education	(3.1)	(3.0)	(0.0)	28	59.0	38.6	4.1	63
Less than primary	2.4	3.5	0.0	119	76.6	47.0	6.4	505
Completed primary	1.8	4.1	0.4	223	76.5	43.6	6.4	690
Some secondary	0.9	3.3	0.2	4,928	50.3	30.8	3.6	6,426
Completed secondary or higher	0.9	5.7	0.3	4,674	56.4	43.1	5.9	4,928
Total	0.9	4.4	0.2	9,971	55.2	37.0	4.8	12,612

Note: Figures in parentheses are based on 25-49 unweighted cases

Figure 2 presents the trend in the prevalence of smoking in adolescents age 15-19 from the 2002-2003 IYARHS to the 2017 IDHS. In general, smoking decreased from 50 percent in the 2002-2003 IYARHS to 43 percent in the 2012 IDHS, but increased to 48 percent in the 2017 IDHS (BPS, et al., 2004; BPS, et al., 2013).
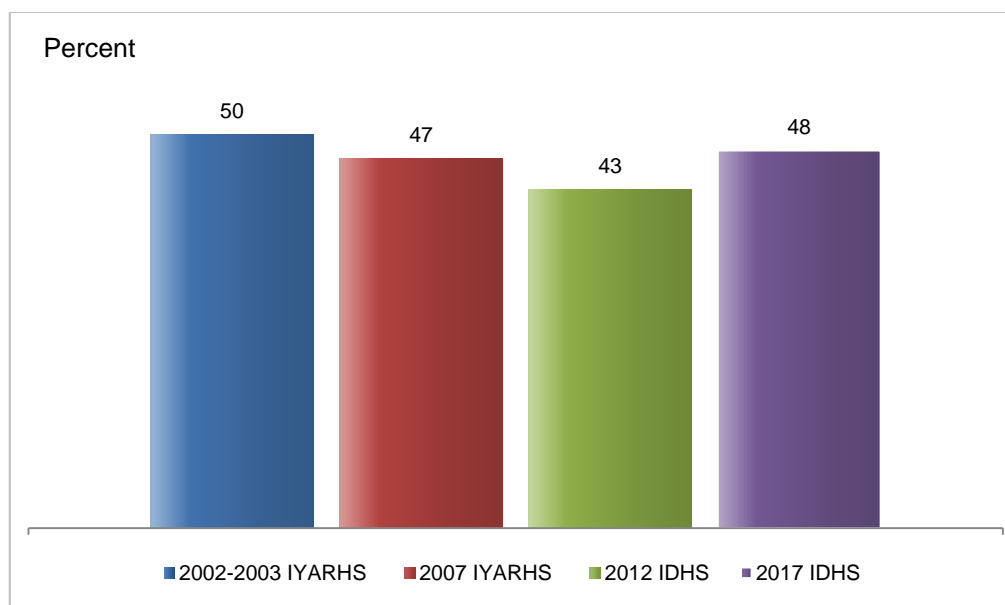

Figure 2
Trend in prevalence of smoking among never-married men age 15-19

Source: 2002-2003 IYARHS, 2007 IYARHS, 2012 IDHS

3.10   Knowledge of HIV-AIDS

HIV-AIDS Awareness

Along with the increasing of adolescents age 15-24 infected HIV-AIDS globally, comprehensive knowledge of HIV-AIDS is a critical aspect in improving access of HIV-AIDS services and changing risky behavior (UNICEF, 2011).

In the ARH component of the 2017 IDHS, adolescents were asked whether they have heard of HIV-AIDS. Table 10 shows that women (92%) have higher awareness of HIV-AIDS than their men counterparts (86%). These results tend to increase when compared with the 2012 IDHS, which is 89 percent of women and 85 percent of men (BPS, et al., 2013).

Women and men age 20-24 and living in urban areas are more likely to have heard of HIV-AIDS. The level of knowledge of HIV-AIDS generally increases with the education level among both women and men. The ARH component of the 2017 IDHS shows that higher the level of education higher the knowledge of HIV-AIDS. The percentage of men who are without formal education increased 54 to 97 percent for men who have completed secondary education or higher.

Table 10. Knowledge of HIV-AIDS

Percentage of never-married women and men age 15-24 who have heard of HIV-AIDS, according to background characteristics, Indonesia 2017

Background characteristic	Never-married women		Never-married men	
	Have heard of HIV-AIDS	Number	Have heard of HIV-AIDS	Number
Age				
15-19	89.9	6,750	83.9	7,713
20-24	95.8	3,221	89.5	4,899
Residence				
Urban	94.7	5,890	91.0	6,869
Rural	87.6	4,081	80.2	5,743
Education				
No education	(26.0)	28	53.6	63
Less than primary	26.4	119	39.4	505
Completed primary	46.6	223	55.5	690
Some secondary	89.5	4,928	84.7	6,426
Completed secondary or higher	98.4	4,674	97.4	4,928
Total	91.8	9,971	86.1	12,612

Note: Figures in parentheses are based on 25-49 unweighted cases

Knowledge of HIV-AIDS Prevention Methods

In the ARH component of the 2017 IDHS, adolescents were also asked about ways to reduce the risk of contracting the HIV-AIDS infection. Table 11 shows that 51 percent of women and 58 percent of men agreed that HIV-AIDS can be prevented by using condoms every time a person has sexual intercourse.

Women and men age 20-24, living in urban areas, and having higher education are more likely to know about HIV-AIDS prevention method. Moreover, among those who are without formal education, 15 percent of women and 38 percent of men are aware that using condom can prevent from HIV-AIDS transmission, although the percentage is much higher than those who have not completed primary education.

Another way to prevent HIV-AIDS infection is by limiting sexual intercourse to one partner. This method is known by 74 percent of women and 64 percent of men. Women and men age 20-24, living in urban areas and having higher education are more likely to know about this prevention method.

Table 11. Knowledge of HIV-AIDS prevention methods

Percent distribution of never-married women and men age 15-24 by knowledge of HIV-AIDS prevention methods, according to background characteristics, Indonesia 2017

Background characteristic	Using condoms	Limiting sexual intercourse to one partner	Number
NEVER-MARRIED WOMEN			
Age			
15-19	45.9	69.9	6,750
20-24	61.0	81.8	3,221
Residence			
Urban	54.6	76.7	5,890
Rural	45.2	69.4	4,081
Education			
No education	(14.5)	(16.4)	28
Less than primary	7.7	13.1	119
Completed primary	20.7	29.4	223
Some secondary	43.2	67.7	4,928
Completed secondary or higher	61.5	84.0	4,674
Total	50.8	73.7	9,971
NEVER-MARRIED MEN			
Age			
15-19	53.7	60.1	7,713
20-24	65.4	69.2	4,899
Residence			
Urban	62.9	68.2	6,869
Rural	52.7	58.1	5,743
Education			
No education	37.9	33.9	63
Less than primary	23.1	23.6	505
Completed primary	34.8	31.3	690
Some secondary	53.0	59.0	6,426
Completed secondary or higher	72.3	78.6	4,928
Total	58.2	63.6	12,612

Note: Figures in parentheses are based on 25-49 unweighted cases

3.11 Attitudes toward Premarital Sex

The ARH component of the 2017 IDHS collected information on adolescent's attitudes on premarital sexual intercourse and sexual experience. Table 12 shows the percentage of women and men who have positive attitudes about premarital sex.

In general, the percentage of never-married men who approve premarital sexual intercourse is higher than women. Both never-married men and women tend to agree men have sex before marriage than women. Among men, eight percent approved premarital sex for men than four percent who agreed that women did premarital sex. Women show the same pattern, but with a much smaller percentage (1% for both women and men).

Table 12. Attitudes about premarital sex

Percentage of never-married women and men age 15-24 who approve premarital sex for a woman and for a man, according to background characteristic, Indonesia 2017

Background characteristic	Approve premarital sex for a woman:			Approve premarital sex for a man:		
	Women	Men	Number	Women	Men	Number
Age						
15-19	0.8	1.0	6,750	2.9	5.4	7,713
20-24	1.6	1.6	3,221	6.5	10.9	4,899
Residence						
Urban	1.0	1.1	5,890	4.1	7.3	6,869
Rural	1.1	1.3	4,081	4.6	7.8	5,743
Education						
No education	(2.5)	(2.5)	28	4.5	11.9	63
Less than primary	2.8	4.2	119	7.2	10.6	505
Completed primary	1.4	1.0	223	6.9	13.1	690
Some secondary	0.9	1.1	4,928	3.5	5.8	6,426
Completed secondary or higher	1.1	1.2	4,674	4.7	8.6	4,928
Total	1.0	1.2	9,971	4.3	7.5	12,612

Note: Figures in parentheses are based on 25-49 unweighted cases

Attitudes toward premarital sexual intercourse vary by age, area of residence and education of respondents. Men age 20-24 tend to agree premarital sexual intercourse for men (11%) and women (7%). While among women age 20-24, the percentage is much smaller which is two percent for both men and women.

Men and women who live in rural areas are more likely to agree premarital sexual intercourse than those who live in urban areas. Low-educated women are more likely to agree with premarital sexual intercourse when compared with highly educated adolescents. Men do not show pattern of certain tendency according to education.

3.12   Sexual Experience

In the ARH component of the 2017 IDHS, adolescents were asked about their sexual experience. Generally, men (8%) are more likely than women (2%) to have had premarital sexual. The proportion of women and men who reported having had a sexual intercourse varies by the characteristics of age, place of residence and education level (Table 13).

Due to small percentages, the differentials shown for women in Table 13 should be interpreted with caution. The percentage of men age 20-24 who reported of having premarital sex was higher than those age 15-19 (14% and 4%, respectively).

Table 13. Sexual experience

Percentage of never-married women and men age 15-24 who have ever had sex, according to background characteristics, Indonesia 2017

Background characteristic	women		men	
	Percentage who have ever had sex	Number	Percentage who have ever had sex	Number
Age				
15-19	0.9	6,750	3.6	7,713
20-24	2.6	3,221	14.0	4,899
Residence				
Urban	1.5	5,890	7.4	6,869
Rural	1.4	4,081	8.0	5,743
Education				
No education	(9.8)	28	6.8	63
Less than primary	6.7	119	12.4	505
Completed primary	2.7	223	13.1	690
Some secondary	0.9	4,928	4.6	6,426
Completed secondary or higher	1.8	4,674	10.4	4,928
Total	1.5	9,971	7.6	12,612

Note: Figures in parentheses are based on 25-49 unweighted cases

Sexual experience among adolescents varies by education level. Ten percent of women who were uneducated have ever had sex, higher than those who have completed primary education and higher. Whereas, the percentage of men who have ever had sex by education level does not show a particular trend pattern.

REFERENCES

Badan Pusat Statistik (BPS-Statistics Indonesia) and ORC Macro. 2004. Indonesia Young Adult Reproductive Health Survey 2002-2003. Calverton, Maryland, USA: BPS-Statistics Indonesia and ORC Macro.

Badan Pusat Statistik (BPS)-Statistics Indonesia and Macro International. 2008. Indonesia Young Adult Reproductive Health Survey 2007. Calverton, Maryland, USA: BPS and Macro International.

Ministry of Health (MOH) [Indonesia]. 2015. Ministry of Heath Letter Number HK.02.02/MENKES/52/2015 on Ministry of Health Strategic Planning Year 2015 – 2019. Jakarta: Ministry of Health

President of Republic of Indonesia. 2017. Presidential Regulation Number 59 Year of Implementation of Susitainable Development. Jakarta: Ministry of Health.

Statistics Indonesia (Badan Pusat Statistik-BPS), National Population and Family Planning Board (BKKBN), Kementerian Kesehatan (Kemenkes-MOH) and ICF International. 2013. Indonesia Demographic and Health Survey 2012: Adolescent Reproductive Health. Jakarta, Indonesia: BPS, BKKBN, Kemenkes and ICF International.

UNICEF. 2011. Opportunity in Crisis: Preventing HIV from early adolescence to young adulthood. UNICEF.

World Health Organization (WHO). 2012.WHO Global Report: Mortality Attributable to Tobacco. Geneva: WHO