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Indonesia Demographic and Health Survey 2023–2024

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FOREWORD

Assalamu'alaikum warahmatullahi wabarakatuh,

Praise and gratitude to God Almighty, whose grace and blessings have enabled the National Research and Innovation Agency (BRIN) to successfully publish the Indonesia Demographic and Health Survey (IDHS) 2023–2024 Report. This edition marks the ninth demographic and health survey conducted in Indonesia.

The initial preparatory phase of the IDHS was carried out by the National Population and Family Planning Board (BKKBN) and Statistics Indonesia (BPS). In 2022, the responsibility for implementing the survey was officially transferred from BKKBN to BRIN.

The 2023–2024 IDHS provides a comprehensive overview of key indicators related to population, family planning, reproductive health, and maternal and child health in Indonesia. The target respondents were women aged 15–49 years. Conducted across all 43provinces, the survey collected detailed data on socioeconomic status, fertility, contraceptive use, maternal care, child immunization, child health and nutrition, marriage and social dynamics, fertility preferences, as well as knowledge and attitudes related to stunting, HIV/AIDS, and other health-related issues.

In a spirit of innovation, BRIN introduced a new approach by engaging university students and recent graduates as young enumerators to participate directly in data collection. We believe that these young talents represent the future of Indonesia's research and innovation. Their involvement in this national survey offers them a meaningful research experience, potentially inspiring them to pursue careers in the field of research.

Moreover, this is the first IDHS to incorporate digital technology throughout its implementation. Data collection was conducted using the CSPro application, while enumerator training was facilitated through BRILIANT—BRIN's Learning Management System which conducted online. To ensure data quality, BRIN implemented real-time monitoring through an online dashboard, along with secondary data editing and limited random field verification.

In the data processing phase, BRIN collaborated with a wide range of experts and stakeholders, including our own researchers, international experts from the DHS Program, academic experts in population and public health, and representatives from BKKBN, the Ministry of Health, BPS, and Bappenas.

We extend our sincere appreciation to all stakeholders involved in the successful implementation of the IDHS 2023–2024: BKKBN, BPS, Bappenas, the Ministry of Health, the Ministry of Home Affairs, USAID and its affiliate ICF International through the DHS Program, enumerators, expert advisors, and most importantly, the dedicated BRIN implementation team.

We are confident that this report will serve as a valuable resource for all stakeholders in designing and improving programs and policies aimed at strengthening maternal and child health services and enhancing family planning initiatives throughout Indonesia.

Wassalamu'alaikum warahmatullahi wabarakatuh.

Jakarta, July 2025

Laksana Tri Handoko
Head of the National Research and Innovation Agency (BRIN)

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency
AKABA	Under-Five Child Mortality Rate
AKB	Infant Mortality Rate
AKBA	Under-Five Mortality Rate
AKN	Neonatal Mortality Rate
AKPN	Post-Neonatal Mortality Rate
ALH	Live Birth
ANC	Antenatal Care
APK	Gross Enrollment Rate
APM	Net Enrollment Rate
ARV	Anti Retro Viral
ASFR	Age Specific Fertility Rate
ASI	Breast Milk
BAPPENAS	National Development Planning Agency
BBLR	Low Birth Weight
BCG	Bacilli Calmette Guerin
BKKBN	National Population and Family Planning Board
BPJS	National Social Security Agency
BPS	Statistics Indonesia
CBR	Crude Birth Rate
CI	Confident Interval
CMR	Crude Mortality Rate
CSPRO	Census and Survey Processing System
DHS	Demographic and Health Surveys
DPT	Diptheria Pertussis Tetanus
GFR	General Fertility Rate
HB	Hepatitis B
HIB	Hemophilus Influenza Type B
HIV	Human Immunodeficiency Virus
ICF	Inner City Fund (now ICF International)
IMD	Early Initiation of Breastfeeding

IMR	Infant Mortality Rate
IMS	Sexually Transmitted Infections (STIs)
INTAMA	Senior Instructor
IPG	Gender Development Index
ISPA	Acute Respiratory Infection
IUD	Intra Uterine Device
JKN	National Health Insurance
KB	Family Planning
KF	Postpartum Health
KKBPK	Population, Family Planning, and Family Development
KN	Neonatal Health
KORLAP	Field Coordinator
KRR	Adolescent Reproductive Health
LGG	Oral Rehydration Solution (Sugar-Salt Solution)
LPG	Liquefied Petroleum Gas
MAL	Lactational Amenorrhea Method
MKJP	Long-Term Contraceptive Method
MOH	Ministry of Health
MOP	Male Sterilization (Vasectomy)
MOW	Female Sterilization (Tubectomy)
MPASI	Complementary Feeding for Infants and Young Children
MTBS	Integrated Management of Childhood Illness (IMCI)
NN	Neonatal Mortality
ORT	Oral Rehydration Therapy
PBI	Contribution Assistance Recipients (subsidized insurance participants)
PK	Married Men
PKK	Family Welfare Movement
PMBA	Infant and Young Child Feeding Practices
PPS	Probability Proportional to Size
PSU	Primary Sampling Unit
RENSTRA	Strategic Plan
RP	Adolescent Boys

RPJMN	National Medium-Term Development Plan
SAKERNAS	National Labor Force Survey
SC	Caesarean Section
SDGS	Sustainable Development Goals
SDKI	Indonesia Demographic and Health Survey
SJSN	National Social Security System
SUPAS	Intercensal Population Survey
SUSENAS	National Socio-Economic Survey
TFR	Total Fertility Rate
TPB	Sustainable Development Goals (SDGs)
TWFR	Total Wanted Fertility Rate
U5MR	Under Five Mortality Rate
UNICEF	United Nation Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WUS	Women of Reproductive Age

INTRODUCTION AND SURVEY METHODOLOGY 1

The 2023-2024 Indonesia Demographic Health Survey (2023-24 IDHS) was implemented by National Research and Innovation Agency. Data collection took place in two phases from November to December 2023 and continued from April to June 2024. ICF provided limited technical assistance, based on the request from the government of Indonesia, through The Demographic and Health Surveys Program (DHS), which is funded by the United States Agency for International Development (USAID) and offers financial support and technical assistance for population and health surveys in countries worldwide.

The 2023-24 IDHS is the ninth survey conducted in Indonesia. All the previous rounds of IDHS were conducted every five years since 1991 by Statistics Indonesia (BPS) together with the National Population and Family Planning Agency (BKKBN) and the Ministry of Health. In 2022, there was a transition in responsibility for implementing the 2023-24 IDHS, which was originally initiated by BKKBN, to the National Research and Innovation Agency (BRIN). The 2023-24 IDHS preparation stage was carried out in 2021 by BKKBN in collaboration with BPS, which was then continued in 2022 by BRIN in collaboration with BKKBN and BPS.

During the transition there were some adjustments made to the approach for implementing the 2023-24 IDHS in accordance with the evaluation and policies of the BRIN leadership. The 2023-24 IDHS is supported by the National Development Planning Agency (BAPPENAS) through a letter Number 002/PP.06.01/D.5/ T01/2023, which stated that the IDHS should continue with these adjustments. Some of the major adjustments that BRIN made included the following:

1) The field officer recruitment was adjusted; it was recruited through campuses in the provinces. The strategy used for the 2023-24 IDHS included Open Call via flyers and BRIN social media platform. Open calls were carried out continuously until the requirements of the teams in each province were met. The field officers were active students or fresh graduates in the last four years.

2) The training for the prospective field officers in the 2023-24 IDHS was carried out with an online training program using the BRILIANT—BRIN's Learning Management System (LMS) method.

3) In 2022, when the IDHS was designed, the plan was to use the Integrated Collection System (ICS) software for data capture into computer-assisted personal interview (CAPI). BRIN collaborated with BPS to develop the IDHS CAPI ICS application, and it was piloted and tested in the field. In 2023, CAPI ICS migrated to Flexible Authentically Survey in Harmony (FASIH) application which was still under development at the time. Therefore, BRIN decided to collaborate with The DHS Program to develop the CAPI application using CSPro.

4) The selection of the field officers in the 2023-24 IDHS was based on the residences of the prospective field officers and the survey locations. The objective is to minimize mobilization and improve operational efficiency.

5) Initially, the 2023-24 IDHS sample was designed to present estimates at the national and provincial levels.,the sample included 2,080 clusters covering urban and rural areas in 34 provinces in Indonesia. The number of clusters was expected to obtain a sample size of 52,000 households, 52,207 women aged 15-49, 11,447 married men aged 15-54 and 15,092 unmarried male adolescents aged 15-24. However, during the survey implementation process, due to circumstances at the time, the BRIN management decided that the 2023-24 IDHS would present estimates for the national level and urban-rural level for the country. After redesigning sample size, the overall total number of clusters captured in the 2023-24 IDHS came up to 544 clusters, yielding 13,596 households and 11,859 women aged 15-49 (see section 1.2).

1.1 SURVEY OBJECTIVE

The primary objective of the 2023-24 IDHS is to provide up-to-date estimates of basic demographic and health indicators. Specifically, the 2023-24 IDHS collected information on population and health, especially total fertility rate, contraceptive prevalence rate, long-term contraceptive methods, unmet need, and other health indicators.

The information collected through the IDHS is intended to support assist policymakers and program managers in designing and evaluating programs and strategies to improve the health of Indonesia's population, as well as researchers in studying Indonesia's demographics. The 2023-24 IDHS also provides indicators relevant to Indonesia's Sustainable Development Goals (SDGs).

1.2 SAMPLE DESIGN

Initially, the 2023-24 IDHS sample was designed to produce representative results at the national and provincial levels. The sample calculation was based on the estimation for each domain (province), which was aggregated to become the total sample for the 2023-24 IDHS. The 2023-24 IDHS sample size was calculated using data from the 2017 IDHS results. The variable used as the basis for calculating the sample size was the proportion of ever-married women who used modern contraceptive methods. This variable is used because it is one of the variables that influences the fertility rate.

Formulation used in calculating sample size:

$$n = Deft^2 * \frac{(1/P - 1)}{a^2} / (R_i * R_h * d)$$

$Deft$ = Design effect of 1.5
P = Proportion of ever-married women who use modern contraceptive methods
a = RSE 5.75%
Ri = Individual response rate 73%
Rh = Household Response Rate 85%
d = ratio of ever-married women per household

From these calculations, the minimum sample requirement for the 2023-24 IDHS is 52,000 households and 2,080 clusters. From the entire household sample, it was expected to get around 52,207 female respondents aged 15-49 years.

To ensure representativeness and adequacy, the sample size was then allocated to each provincial domain and to the urban/rural strata of each province. The method used is power allocation by utilizing the appropriate power value of 0.2.

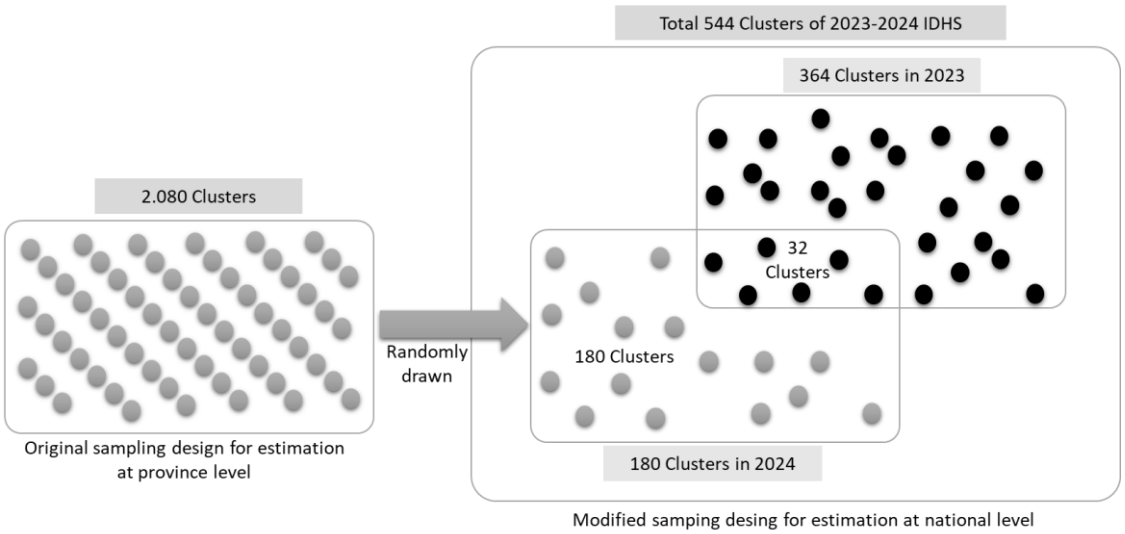
The 2023-24 IDHS sample was selected from the 2020 Population Census Longform Activities Census Block Master Sample. Meanwhile, the household sample was selected from a newly updated household list, resulting in a household listing for each of the selected clusters. This list of ordinary households does not include institutional households (orphanages, police/military barracks, prisons, etc.) and particular households (boarding houses with a minimum of 10 people).

Along the way, there have been several adjustments to the 2023-24 IDHS target estimates. It was decided that the 2023-24 IDHS will only present the estimates for the national level and urban and rural areas. Therefore, the sample was recalculated by using the list of already selected samples for provincial estimates (2,080 clusters) as the sample frame, as the data collection of the first phase was already completed. The sample calculation resulted in the minimum sample size of 212 clusters required for providing national, urban and rural estimates.

Out of the 212 clusters needed, 32 clusters were already covered in the first phase of fieldwork in 2023. Hence, an additional 180 clusters were required (**Figure 1.1**). These additional clusters were interviewed in the second phase of fieldwork in 2024. The first phase of 2023-24 IDHS covered 364 clusters, and the second phase covered 180 clusters, so the total number of samples of 2023-24 was 544 clusters. The representative core of

the 2023-24 IDHS consists of 212 clusters. However, the results show there were no significant differences between 212 clusters and 544 clusters. Therefore, the results presented in this report were based on 544 clusters.

Figure 1.1 IDHS 2023/2024 Sample Allocation



The 2023-24 IDHS sample used stratified PPS sampling, which resulted in a multistage and multiphase cluster sampling procedure. The sampling frame was stratified by province and by urban-rural residence. In each province the urban and rural areas each form a stratum.

In the first stage, census block samples were selected using probability proportional to size systematic sampling (PPS-systematic) with the size being the number of families from the Longform SP2020 census block list in accordance with the predetermined allocation. Implicit stratification and proportional allocation at lower-level administrative units were achieved by sorting the census frame according to lower-level administrative units and other demographic characteristics within each stratum and by using a PPS sampling procedure.

In the second stage, after the selection of the clusters, a household update was conducted in each of the selected clusters by the interviewers and 25 ordinary households were selected with a random systematic sampling procedure from the newly updated household list. Enumerators were instructed to conduct interviews exclusively with the households that had been preselected, with no substitutions permitted during data collection in order to minimize selection bias. Although this note does not elaborate on the multiple stages of subsampling—such as the selection of clusters from the master sample and from the original 2023–24 IDHS sample—these procedures have been duly incorporated into the calculation of sampling weights.

1.3 QUESTIONNAIRES

Two questionnaires, the Household Questionnaire and the Woman's Questionnaire, were used for the 2023-24 IDHS. Based on the DHS Program's model questionnaires, they were adapted to reflect the population and health issues relevant to Indonesia.

The household questionnaire was used to record all household members and guests as well as information on the living conditions of selected households. In addition, it was used to determine female household members/guest respondents who were eligible for interviews. The basic questions collected on household members were age, gender, marital status, education, and relationship to the head of household. Information on the living conditions collected included drinking water sources, toilet types, floor types, roof types, wall types, and household asset ownership. Information on asset ownership describes the socio-economic status of the household.

The questionnaire for eligible women aged 15-49 was used to collect information on the following topics:

- Respondent Background
- Reproduction
- Contraception
- Pregnancy and Postpartum Examination
- Marriage and Sexual Activity
- Fertility Preferences
- Background of Husband/Partner and Respondent's Occupation
- HIV-AIDS
- Other Health Issues
- Stunting
- Additional Background of Respondents
- Knowledge and Experience Regarding the Human Reproductive System
- Marriage and Children
- Role of Family, School, and Society
- Cigarettes, Alcoholic Beverages, and Illegal Drugs
- Dating and Sexual Behavior.

In addition, a self-administered Fieldworker Questionnaire collected information about the survey's fieldworkers. The purpose of the Fieldworker Questionnaire was to collect basic background information on the people who were collecting data in the field, including the supervisor and interviewer.

1.4 Training of Trainers and Pretest

Training of trainers is an important step in the implementation of IDHS. The trainers must be able to provide understanding to the interviewer. The training begins with the training of the Main Instructor (INTAMA). The training was conducted in September 2022. The training was carried out with a discussion between the Main Instructor and the Master Main Instructor (Master INTAMA), discussing the concepts and definitions used in the IDHS questionnaire. INTAMA and the Master INTAMA were recruited from BRIN and BPS employees who had been involved in the implementation of the previous year's IDHS.

The training after the INTAMA training is the National Instructor training (INNAS), which was conducted in September 2022. Innas training participants come from the BRIN Population Research Center, Health and Nutrition Research Center, BRIN Data and Information Center, PPDIRI BRIN, and several BKKBN employees.

Prior to data collection in the field, a trial of the implementation of the IDHS was conducted to test the updating of households, instruments in the form of questionnaires, ICS CAPI guidebooks and applications, and field organizations. The purpose of the trial was to test whether all questionnaires were clear and easily understood by respondents and to ensure that the CAPI ICS application could run properly. Through this trial stage, it will be possible to identify problems that arise and mitigate potential problems in the field. The Field trials were conducted in July 2022 in three provinces, namely West Java, Central Java and South Kalimantan.

Before the IDHS implementation, the CAPI application was changed from ICS to CSPRO; therefore, a CAPI CSPRO training was conducted in August 2023. The training was led by ICF. The participants were BRIN PPDIRI and BRIN Data and Information Center. A field trial was also conducted in Jakarta in August 2023.

1.5 Training of Field Staff

The IDHS interviewers' training is one of a series of activities carried out in the implementation of IDHS. Interviewers' training is essential because it aims to provide interviewers with an understanding of the concepts and operational definitions of the variables used in the IDHS questionnaire. The National Instructor (Innas) and the IDHS CAPI Technical Assistants trained interviewers in the implementation of the training.

The interviewer's training was conducted in two phases, namely in 2023 and 2024. The first phase of the training took place in October 2023 and was attended by 440 participants. The second phase was conducted in March 2024 with 395 participants. The training was implemented through an online training platform using the BRILIANT—BRIN's Learning Management System (LMS). BRIN prepared the platform uploading all the training materials that included questionnaires, manuals, PowerPoint presentations, videos, and quizzes for assessment. The course materials were laid out systematically.

The LMS included two types of implementation forms, namely, synchronous and asynchronous. Synchronous is a type of learning carried out by trainers and participants directly through virtual face-to-face sessions and can have two-way communication directly using Zoom. At the same time, asynchronous is a learning activity that is carried out indirectly between trainers and participants but emphasizes participants to read and understand the materials in the LMS independently.

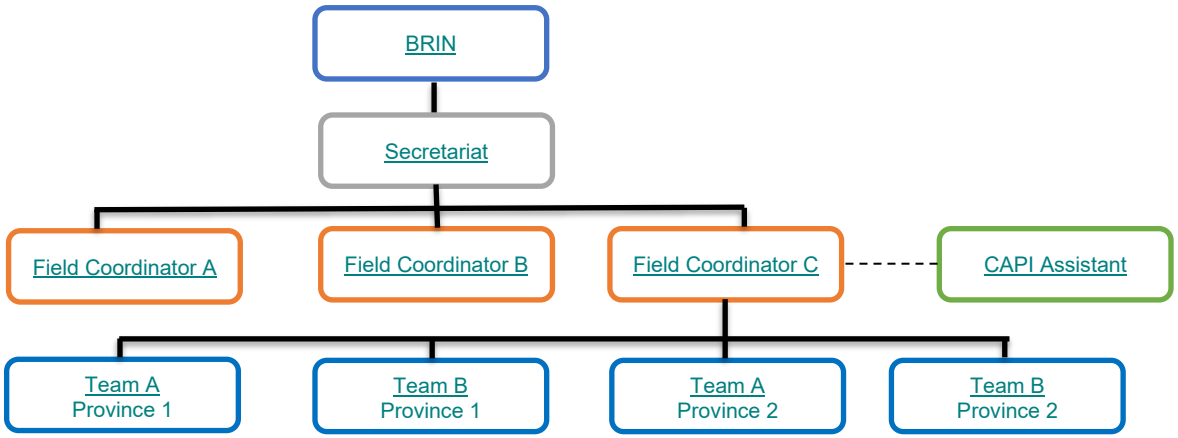
The training lasted for 9 days and focused on questionnaire content and independent practice. The CAPI training was included in the 9 days training but also added 3 days for the participant to do field practice. The trainees are instructed to meet offline to synchronize the CAPI. They trained to update family data in the cluster, do random sampling for 25 families then interviewed the Woman Questionnaire.

1.6 FIELDWORK

The data collection of the 2023-2024 IDHS used a team scheme, where one team consisted of one team coordinator and two or three female interviewers. These teams were assigned to two to three clusters, although in some locations, there were exceptions where one team only collected data in one cluster, and one team that collected data in four clusters. During data collection, the field team were accompanied by a field coordinator and a computer-assisted personal interviewing (CAPI) assistant. Usually, a field coordinator supervises 1 to 3 teams.

The field coordinator is a BRIN staff appointed by the Director of Research, Technology and Innovation Measurements and Indicators - Deputy for Research and Innovation Policy (PIRTI-DKRI) to be responsible for the implementation of the 2023-24 IDHS in the assigned province. The CAPI assistants were responsible for providing technical assistance in using the CAPI system. Each CAPI assistant was assigned to specific areas. The CAPI assistants are tasked to assist several teams, which consist of several provinces in Indonesia. For example, one CAPI assistant assisted two teams in South Sumatera and Bangka Belitung. The CAPI assistant's responsibilities included generating one-time password (OTP) and troubleshooting **(Figure 1.2)**.

Figure 1.2 Fieldwork Organization



1.7 Data Processing

The 2023-24 IDHS used tablet computers running the Android operating system and CSPro software, jointly developed by the United States Census Bureau, ICF, and Serpro S.A. Interviewers used their own device for data collection based on the policy of bring-your-own-device (BYOD), which is a practice at BRIN. Bahasa Indonesia questionnaires were used for collecting data via CAPI. The CAPI programs accepted only valid responses, automatically performed checks on ranges of values, skipped to the appropriate question based on the responses given, and checked the consistency of the data collected. Answers to the survey questions were entered into a mobile phone by each interviewer. Supervisors downloaded interview data to their mobile phones, checked the data for completeness, and monitored fieldwork progress.

All electronic data files were transferred via Sync Cloud Server to BRIN headquarters in Jakarta, where the data were stored on a password-protected computer. Data processing operations included secondary editing, which required the resolution of computer-identified inconsistencies and coding of open-ended questions.

Data was processed by a team of BRIN data processing staff who attended training in data collection, training in IDHS concepts and definitions, and secondary editing training. The process was supervised remotely by data processing staff from ICF. Data editing was performed using CSPro software. Secondary editing was conducted simultaneously with data collection, which was completed in February 2024 for the first phase and July 2024 for the second phase.

1.8 Response Rates

Table 1.1 shows the results of the household and individual interviews, as well as the response rate according to residence for Indonesia DHS 2023-24. A total of 13,596 households were selected for the 2023-24 IDHS sample, of which 13,510 were found to be occupied. From occupied households, 13,256 were successfully interviewed, yielding a response rate of 98.1%. In the interviewed households, 11,859 women aged 15-49 were identified as eligible for individual interviews. Interviews were completed with 11,695 women aged 15-49, yielding a response rate of 98.6%.

List of Tables

Table 1.1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Indonesia DHS 2023-24

Result	Residence		
	Urban	Rural	Total
Household interviews			
Households selected	8,825	4,771	13,596
Households occupied	8,767	4,743	13,510
Households interviewed	8,586	4,670	13,256
Household response rate[1]	97.9	98.5	98.1
Interviews with women age 15-49			
Number of eligible women	7,763	4,096	11,859
Number of eligible women interviewed	7,653	4,042	11,695
Eligible women response rate[2]	98.6	98.7	98.6

[1]Households Interviewed/household occupied.

[2]Respondents interviewed/eligible respondents.

HOUSING CHARACTERISTICS AND HOUSEHOLD POPULATION

2

Key Findings

- ***Electricity:*** Nearly all surveyed households (99%) reported having access to electricity, with full coverage observed in urban areas (100%) and slightly lower, though still high, coverage in rural areas (99%).
- ***Primary Reliance on Clean Fuels and Technologies:*** Most households (94%) in urban areas use clean fuel for cooking and lighting compared with fewer than eight in 10 households in rural areas.
- ***Household population and composition:*** The population of Indonesia consists of various age groups, with 24% under age 15, 69% age 15-64, and 7% age 65 or older.
- ***Primary and Secondary School Attendance:*** In the lowest quintile, 73% of girls attend secondary school compared to only 57% of boys.

Information on the socioeconomic characteristics of the household population in the 2023-24 IDHS provides a context for interpreting demographic and health indicators and furnishes an approximate indication of the representativeness of the survey. The information also sheds light on the living conditions of the population.

This chapter presents information on housing characteristics and household possessions, use of clean fuels and technologies (related to cooking, and lighting), wealth, household population and composition, birth registration, educational attainment, and school attendance.

2.1 HOUSING CHARACTERISTICS

Housing characteristics include electricity, flooring material, room used for sleeping, and the frequency of smoking in the home.

Almost all households (99%) have access to electricity (100% in urban areas and 99% in rural areas) **(Table 2.1)**.

More than half of the households (56%) use ceramic flooring (69% in urban areas and 41% in rural areas). Overall, 21% of households have cement (13% in urban areas and 30% in rural areas). Some households (5%) have an earth and sand floor (3% in urban areas and 8% in rural areas).

Forty-two percent of households in Indonesia have between two rooms and three or more rooms used for sleeping, and 16% have one room.

About half of households (56%) are exposed to cigarette smoke every day (53% in urban areas and 60% in rural areas). Four in 11 households (36%) have never had anyone smoke in the household (38% in urban areas and 34 % in rural areas). Meanwhile, the de jure population of households exposed to cigarette smoke daily were 61% (57% in urban areas and 66% in rural areas).

2.1.1 Use of Clean Fuels and Technologies

Primary reliance on clean fuels and technologies

The percentage of the population using clean fuels and technologies for cooking and lighting, where each component is defined as follows:

Clean cooking fuels and technologies

Includes stoves/cookers using electricity, liquefied petroleum gas (LPG)/natural gas/biogas.

Clean lighting fuels and technologies

Includes electricity, solar lanterns, battery-powered or rechargeable flashlights/torches/lanterns, and biogas lamps.

Sample: Households and de jure population.

Indonesia's policies on clean fuels and technologies are centered on achieving energy transition goals aligned with climate commitments, such as net-zero emissions by 2060. One of the points is clean cooking and electrification. The government has introduced programs to increase access to clean cooking technologies, focusing on reducing reliance on traditional biomass and transitioning to modern fuels like LPG and electricity. Initiatives under the National Energy Policy (NEP) include promoting efficient cooking stoves and exploring alternatives such as biogas and electric stoves to mitigate environmental and health impacts associated with biomass use (IESR, 2022).

2.1.2 Cooking

Almost all households (93%) cooking takes place in the house, with 45% having a separate room/kitchen, and 48% not having a separate room/kitchen **(Table 2.2)**.

Most households (87%) use clean fuel such as electricity, liquefied petroleum gas (LPG), and natural gas as cooking fuel (94% in urban areas and 79% in rural areas). One in 10 households (10%) uses solid fuels for cooking with wood being the major source of cooking fuel (18% in rural areas and 4% in urban areas). The de jure population using these sources aligns with the situation in the households.

2.1.3 Lighting

Almost all households (100%) use clean fuel and technologies for lighting (100% in urban areas and 99% in rural areas) with the majority using electricity **(Table 2.3)**. The de jure population using these sources aligns with the situation in the households.

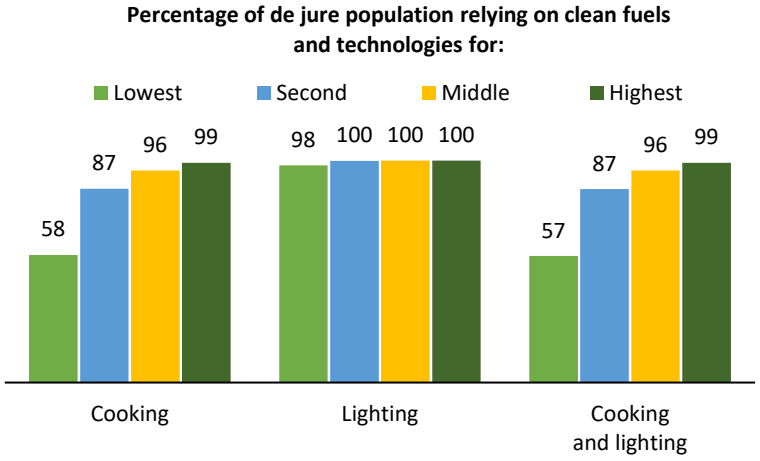
2.1.4 Primary Reliance on Clean Fuels

Table 2.4 presents data on the primary reliance on clean fuels for cooking and lighting. Overall, 87% of the population uses clean fuels for both cooking and lighting. In urban areas, 94% rely on clean fuels, compared to less than 80% (79%) in rural areas. However, when specifically looking at the use of clean fuels for lighting, both urban (100%) and rural (99%) areas show similar figures. This difference is mainly due to approximately 18% of the population in rural areas still using solid fuels like charcoal and wood for cooking.

Patterns by background characteristics

- The primary reliance on clean fuels for cooking and lighting in both urban and rural areas increases with wealth, rising from 58 % in the lowest quintile to 99% in the highest quintile **(Figure 2.1)**.
- Thirty-eight percent of the population that primarily relies on solid fuels for cooking are in the lowest wealth quintile (**Table 2.4**).

Figure 2.1 Primary reliance on clean fuels and technologies



2.2 HOUSEHOLD WEALTH

2.2.1 Household Durable Goods

The presence of durable goods in households, such as television, telephones, refrigerators, motorcycles, and private cars, is a useful indicator for measuring household socioeconomic status. Eight in 10 households have a television (82%) and a mobile phone (84%), 7 in 10 (77%) have a fan, and fewer than seven in 10 (69%) have a refrigerator **(Table 2.5)**.

For transport media, eight in 10 households (84%) have a motorcycle or scooter, 39% have a bicycle, and 14% have a private car or truck.

Approximately 29% of households own agricultural land and a similar proportion own livestock, indicating that fewer than three in ten households possess agricultural assets.

2.2.2 Wealth Index

Wealth index

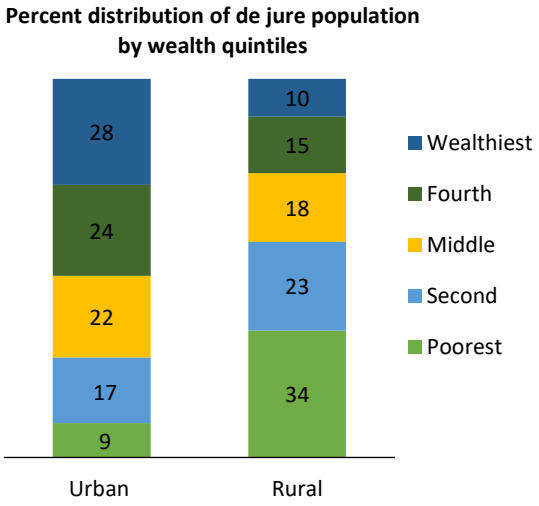
Households are given scores based on the number and kinds of consumer goods they own, ranging from a television to a bicycle or car, and housing characteristics such as source of drinking water, toilet facilities, and flooring materials. These scores are derived using principal component analysis. National wealth quintiles are compiled by assigning the household score to each usual (de jure) household member, ranking each person in the household population by her or his score, and then dividing the distribution into five equal categories, each comprising 20% of the population.

Sample: Households.

Figure 2.2 shows the distribution of de jure household population by wealth quintiles and residence. The distribution shows the degree of equity (or inequity) of wealth by urban and rural areas. Residents in urban areas are more likely to be in the highest quintile of wealth, while those in rural areas are more likely to be in the lowest.

More than half (57%) of the rural population is in the bottom two quintiles, while more than a quarter of the urban population is in the highest quintile (Table 2.6). The Gini coefficient, a statistical measure of economic inequality in a given population, measures the extent to which the distribution of income among individuals or households deviates from a perfectly equal distribution. The value of the coefficient ranges between 0 (a perfectly equal distribution of income) and 1 (a totally unequal distribution). Indonesia's Gini coefficient of 0.13 indicates a fairly even distribution of wealth in the population.

Figure 2.2 Household wealth by residence



2.3 HOUSEHOLD POPULATION AND COMPOSITION

Household

A person or group of related or unrelated persons who live together in the same dwelling unit(s), who acknowledge one adult male or female as the head of the household, who share the same housekeeping arrangements, and who are considered a single unit.

De facto population

All persons who stayed in the selected households the night before the interview (whether usual residents or visitors).

De jure population

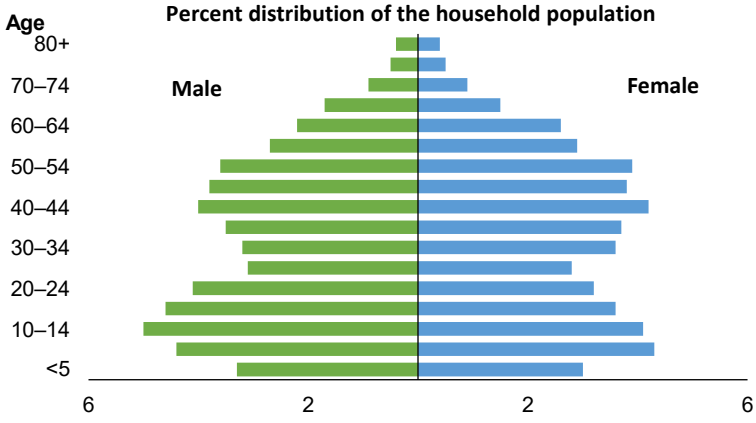
All persons who are usual residents of the selected households, whether or not they stayed in the household the night before the interview.

How data is calculated

All tables are based on the de facto population unless otherwise specified.

The age-sex structure of the Indonesian population is young; that is, the percentage of the population that is young is much higher than older population. In the population pyramid shown, the base of the pyramid is narrower, showing smaller population in the youngest age group. It widens in the older group, and narrows in the age group 25-29, and tapers in the older age group **(Figure 2.3)**.

Figure 2.3 Population pyramid



The 2023-24 IDHS includes the de facto survey population (those who stayed overnight in the surveyed households) of 44,776 individuals, consisting of 22,873 men and 21,902 women, yielding a sex ratio of 104

(number of males per 100 females). In urban and rural areas, the percentage of the female population is lower than the male population (49% versus 51%). The population of Indonesia consists of various age groups, with 24% under age 15, 69% age 15-64, and 7% age 65 or older **(Table 2.7)**.

The results of the 2022 Long Form Census include a de facto survey population of 275,773,774 individuals, consisting of 139,388,929 males and 136,384,845 females, resulting in a sex ratio (number of males per 100 females) of 102. Similar result found in the 2023-24 IDHS, the female population is slightly lower than the male population in both urban and rural areas. The sex ratio for urban areas is 104 and 105 for rural areas.Indonesia's population is distributed across various age groups: 24% are under the age of 15, 69% are aged 15-64, and 7% are aged 65 and older.

Trends: From the age distribution of the Indonesian population in 2017 and 2023-24, there was a decrease in the proportion of children under the age of 15, from 28% to 24%. Meanwhile, the proportion of the productive age population (15-64 years) increased slightly, from 66% to 69%. The number of people aged 65 years and above also experienced a slight increase, from 6% to 7%. Overall, this trend shows that there is a slow aging population in Indonesia, with a larger proportion in the productive age group and the elderly.

Household composition by the sex of the household head and the number of household members is presented in **Table 2.8**. Most households (84%) are headed by men, and a small proportion (16%) is headed by women.

The mean household size is 3 in both rural areas and overall. It is slightly lower than in the - urban areas, (4).

2.4 BIRTH REGISTRATION

Registered birth

Child has a birth certificate or child does not have a birth certificate, the birth is registered with the civil authorities.

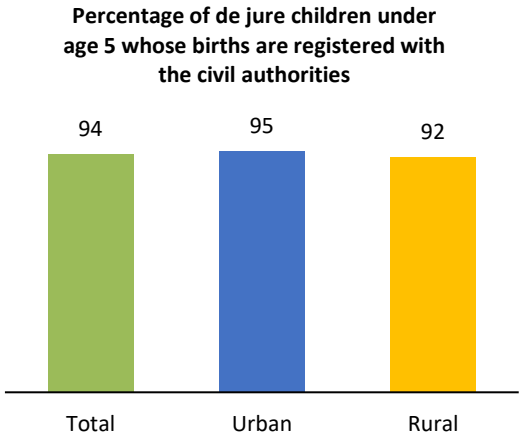
Sample: De jure children under age 5.

In the 2023-24 IDHS, information on child registration is collected for children under age 5. Overall, 94% of births of children under age five are registered with the Department of Population and Civil Registration, but only 89% have a birth certificate. The percentage of children under age one whose births were registered (84%) was lower than that for ages 1-4 (95%) **(Table 2.9)**. Law No. 24 of 2013 concerning Population Administration, requires birth registration within 60 days after birth. The percentage of registered children under 5 years varies by wealth quintile, ranging from 84% in the lowest quintile to 98% in the fourth quintile, before slightly decreasing to 97% in the highest quintile.

Birth registration in rural areas is similar to birth registration in urban areas (92% compared with 95%), and there is no difference between boys and girls (**Figure 2.4**).

Trends: The percentage of children under 5 years in which birth was recorded in the Population and Civil Registration increased from 78% in IDHS 2017 to 94% percent in 2023-24 IDHS.

Figure 2.4 Birth registration by residence



2.5 EDUCATION

2.5.1 Educational Attainment

Median educational attainment

Half of the population has completed less than the median number of years of schooling, and half of the population has completed more than the median number of years of schooling.

Sample: De facto household population age 6 and older.

The percentage of women who completed secondary or higher is slightly lower than men, 31% compared to 33% **(Tables 2.10 and 2.11)**.

Trends: The median years of education completed by women increased from 6.0 years in IDHS 2017 to 7.2 years in IDHS 2023-24. For men, the median rose from 7.4 years in IDHS 2017 to 8.1 years in IDHS 2023-24.

Patterns by background characteristics

- The education of the household population in urban areas is higher than in rural areas. The percentage of women who have completed secondary school or higher education in urban areas (39%) is higher than in rural areas (21%). For men, the corresponding percentages are 42% and 23%.
- Based on the median years completed, both men and women in urban areas stay in school 2.7 years longer than those in rural areas. Women in the highest household wealth quintile stay in school 5.7 years longer than those in the lowest quintile (11.1 years compared to 5.4 years). For men, the gap is slightly smaller at 5.5 years (11.2 years for the highest quintile compared to 5.7 years for the lowest quintile).

2.5.2 Primary and Secondary School Attendance

Net attendance ratio (NAR)

Percentage of the school-age population that attends primary or secondary school.

Sample: Children age (7-12] for primary school NAR and children age (13-18] for secondary school NAR.

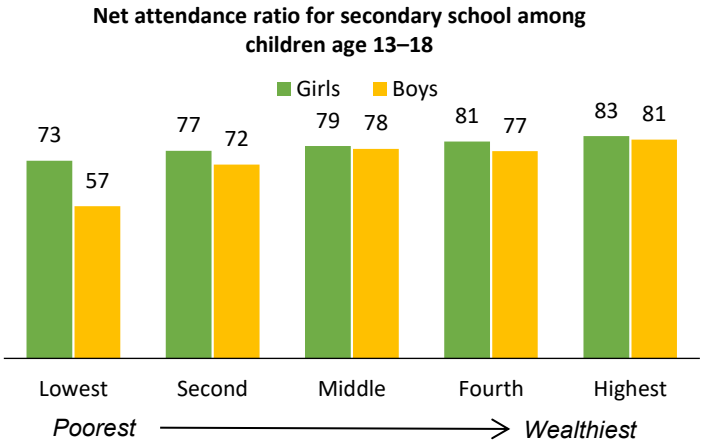
Gross attendance ratio (GAR)

The total number of children attending primary school divided by the official primary school-age population and the total number of children attending secondary school divided by the official secondary school-age population.

Sample: Children age (7-12] for primary school GAR and children age (13-18] for secondary school GAR.

The Net Attendance Rate (NAR) for secondary school among children shows notable disparities. In the lowest quintile, 73% of girls attend secondary school compared to only 57% of boys. However, in the second to highest quintile, there is slightly differences in NAR for secondary school, with attendance remaining consistently high for girls **(Figure 2.5)**.

Figure 2.5 Secondary school attendance by wealth quintile



Gender parity index (GPI)

The ratio of female to male students attending primary school and the ratio of female to male students attending secondary school. The index reflects the magnitude of the gender gap.

Sample: Primary school students and secondary school students.

The GPI in GAR in both primary school (1.01) and secondary school (1.07) shows that more girls attend school than boys **(Table 2.12)**.

Patterns by background characteristics

- There are small gender differences in primary schools in rural and urban areas. As for secondary schools, in both rural and urban areasthe number of women attending school is higher than the number of men.
- The GPI in NAR in high school tends to decline as wealth increases, from 1.30 for the lowest quintile to 1.01 for the middle quintile. However, in the fourth quintile there was an increase to 1.05 and then it decreased in the highest quintile (1.02).

2.5.3 Participation Rate in Organized Learning among Children Age 6

Participation rate in organized learning: adjusted net attendance ratio (NAR)

Percentage of children 1 year younger than the official primary school entry age (at the beginning of the school year) who are attending an early childhood education program or primary school. The ratio is termed adjusted since it includes children in primary school.

Sample: Children age 6 at the beginning of the school year.

Table 2.13 presents data on participation in organized learning. Overall, 57% of children 1 year younger than the official primary school entry age at the beginning of the school year have attended an early childhood education program, and 14% have attended primary school. However, 29% have attended neither an early childhood education program nor primary school. Overall, the adjusted NAR for organized learning among children age 6 at the beginning of the school year is 71%.

Six in 10 boys are more likely to participate in an early childhood education program than girls (61% compared to 54%). However, the adjusted NAR shows almost the same number for boys and girls, 71% vs 72% **(Table 2.13)**.

Patterns by background characteristics

- Six in 10 children in rural areas participate in an early childhood education program which is higher than in urban areas (60% compared to 55%).
- The Net Attendance Rate (NAR) adjusted for organized learning among 6-year-olds varied across wealth quintiles, ranging from 62% to 78%. It peaked at 78% in the lowest wealth quintile and slightly decreased to 77% in the highest quintile.

List of Tables

For more information on household population and housing characteristics, see the following tables:

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- **Table 2.2 Households characteristics: Cooking**
- **Table 2.3 Households characteristics: Lighting**
- **Table 2.4 Primary reliance on clean fuel**
- **Table 2.5 Households possessions**
- **Table 2.6 Wealth quintiles**
- **Table 2.7 Households population by age, sex and residence**
- **Table 2.8 Households composition**
- **Table 2.9 Birth registration of children under age 5**
- **Table 2.10 Educational attainment of the female household population**
- **Table 2.11 Educational attainment of the male household population**
- **Table 2.12 School attendance ratios**
- **Table 2.13 Participation rate in organized learning**

Table 2.1 Household characteristics

Percent distribution of households and de jure population by housing characteristics and percent distribution by frequency of smoking in the home, according to residence, Indonesia DHS 2023-24

Characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Electricity						
Yes	99.9	98.5	99.3	99.9	98.3	99.2
No	0.1	1.5	0.7	0.1	1.7	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material						
Earth, sand	2.5	7.6	4.8	2.4	6.9	4.4
Dung	0.0	0.0	0.0	0.0	0.0	0.0
Wood/planks	3.1	10.5	6.5	3.4	10.8	6.7
Palm/bamboo	0.0	0.2	0.1	0.0	0.2	0.1
Parquet or polished wood	0.1	0.2	0.1	0.1	0.2	0.1
Vinyl or asphalt strips	0.0	0.1	0.1	0.0	0.2	0.1
Ceramic tiles	68.9	41.1	56.3	69.4	40.1	56.3
Cement	12.8	29.8	20.5	12.5	30.7	20.6
Carpet	0.3	0.5	0.4	0.3	0.6	0.5
Teraso	12.1	9.9	11.1	11.8	10.1	11.0
Other	0.1	0.2	0.1	0.1	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping						
One	15.1	18.0	16.4	11.3	13.0	12.1
Two	39.3	44.1	41.5	37.8	43.6	40.4
Three or more	45.6	37.9	42.1	50.9	43.3	47.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Frequency of smoking in the home						
Daily	53.0	59.9	56.1	57.1	65.5	60.8
Weekly	5.4	3.8	4.7	5.5	3.9	4.8
Monthly	1.6	0.8	1.2	1.6	0.8	1.3
Less than once a month	1.7	1.8	1.7	1.7	2.0	1.8
Never	38.3	33.7	36.3	34.0	27.8	31.2
Total	100.0	100.0	100.0	100.0	100.0	100.0

Number of households/population	7,269	5,987	13,256	25,149	20,249	45,398

Table 2.2 Household characteristics: Cooking

Percent distribution of households and de jure population by place for cooking and cooking fuel, according to residence, Indonesia DHS 2023-24

	Households			Population		
Characteristic	Urban	Rural	Total	Urban	Rural	Total
Place for cooking						
In the house	94.6	90.1	92.6	94.7	90.5	92.8
Separate room/kitchen	45.7	43.6	44.8	46.1	44.2	45.3
No separate room/kitchen	48.9	46.5	47.8	48.6	46.2	47.5
In a separate building	3.9	7.8	5.6	4.1	7.5	5.6
Outdoors	1.2	1.8	1.5	1.1	1.9	1.5
Other	0.0	0.0	0.0	0.0	0.0	0.0
No food cooked in household	0.2	0.2	0.2	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel						
Clean fuels[1]	93.8	78.7	87.0	94.0	78.9	87.3
Solid fuels for cooking	4.0	18.1	10.4	3.7	18.3	10.2
Charcoal	0.0	0.0	0.0	0.0	0.1	0.0
Wood	4.0	18.1	10.4	3.7	18.2	10.2
Other fuels	1.9	3.0	2.4	2.2	2.8	2.4
Kerosene	1.9	3.0	2.4	2.2	2.8	2.4
No food cooked in household	0.2	0.2	0.2	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population	7,269	5,987	13,256	25,149	20,249	45,398

[1] Includes stoves/cookers using electricity, liquefied petroleum gas (LPG), natural gas and biogas.

Table 2.3 Household characteristics: Lighting

Percent distribution of households and de jure population by main lighting fuel or technology, according to residence, Indonesia DHS 2023-24

Characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Main lighting fuel or technology						
Clean fuels and technologies	99.9	99.0	99.5	99.9	98.8	99.4
Electricity	99.8	97.8	98.9	99.8	97.6	98.8
Solar lantern	0.1	1.1	0.6	0.1	1.2	0.6
Rechargeable flashlight/torch /lantern	0.0	0.0	0.0	0.0	0.0	0.0
Gasoline lamp	0.0	0.1	0.0	0.0	0.1	0.0
Kerosene/paraff in lamp	0.0	0.0	0.0	0.0	0.0	0.0
Wood	0.0	0.1	0.1	0.0	0.2	0.1
Oil lamp	0.0	0.1	0.1	0.0	0.1	0.1
Candle	0.0	0.1	0.1	0.0	0.2	0.1
Other fuel	0.0	0.4	0.2	0.0	0.4	0.2
No lighting in household	0.0	0.1	0.1	0.0	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/ population	7,269	5,987	13,256	25,149	20,249	45,398

Table 2.4 Primary reliance on clean fuels

Percentage of de jure population relying on clean fuels for cooking, percentage relying on solid fuels for cooking, percentage relying on clean fuel and technologies for lighting, and percentage relying on clean fuels for cooking and lighting, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Primary reliance on clean fuels[1]	Primary reliance on solid fuels for cooking[2]	Number of persons in house-holds that reported cooking	Primary reliance on clean fuels and technolo-gies for lighting[3]	Number of persons in house-holds that reported use of lighting	Primary reliance on clean fuels for cooking and lighting[4]	Number of persons
Residence							
Urban	94.1	3.7	25,129	99.9	25,148	94.0	25,149
Rural	78.9	18.3	20,235	99.0	20,207	78.7	20,249
Wealth quintile							
Lowest	57.5	38.2	9,055	97.6	9,038	57.0	9,080
Second	87.3	9.8	9,073	99.9	9,079	87.2	9,079
Middle	95.6	1.9	9,085	100.0	9,087	95.6	9,087
Fourth	97.1	1.1	9,072	100.0	9,072	97.1	9,072
Highest	99.0	0.2	9,080	100.0	9,080	99.0	9,080
Total	87.3	10.2	45,364	99.5	45,356	87.2	45,398

[1] Includes electricity, LPG, natural gas, and biogas.

[2] Includes charcoal and wood.

[3] Includes electricity, solar lantern, and rechargeable flashlight/torch/lantern.

[4] Persons living in households that report no cooking, or no lighting are not excluded from the numerator.

Table 2.5 Household possessions

Percentage of households possessing various household effects, means of transportation, agricultural land and livestock/farm animals by residence, Indonesia DHS 2023-24

	Residence		
Possession	Urban	Rural	Total
Household effects			
Watch	55.4	42.1	49.4
Radio	12.0	9.6	10.9
Television	86.6	76.4	82.0
Mobile phone	88.1	79.2	84.1
Non-mobile telephone	5.4	1.7	3.7
Computer	29.3	12.9	21.9
Refrigerator	77.7	57.3	68.5
Fan	84.6	67.6	77.0
Washing machine	50.3	31.7	41.9
Air conditioner	15.7	2.1	9.6
Means of transportation			
Bicycle	45.0	31.6	39.0
Animal drawn cart	0.5	0.3	0.4
Motorcycle/scooter	87.3	79.0	83.5
Car/truck	17.4	8.7	13.5
Boat with a motor	0.6	1.8	1.1
Ownership of agricultural land	14.1	47.7	29.3
Ownership of farm animals[1]	19.1	39.9	28.5
Number of households	7,269	5,987	13,256

[1] Cows, bulls, water buffaloes, horses, donkeys, mules, goats, sheep, pigs, chickens or other poultry.

Table 2.6 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, and the Gini coefficient, according to residence, Indonesia DHS 2023-24

	Wealth quintile							
Residence	Lowest	Second	Middle	Fourth	Highest	Total	Number of persons	Gini coefficient[1]
Residence								
Urban	9.1	17.3	21.5	24.0	28.0	100.0	25,149	0.03
Rural	33.5	23.4	18.1	14.9	10.0	100.0	20,249	0.06
Total	20.0	20.0	20.0	20.0	20.0	100.0	45,398	0.13

[1] The Gini coefficient indicates the level of concentration of wealth, with 0 representing an equal wealth distribution and 1 representing a totally unequal distribution.

Table 2.7 Household population by age, sex, and residence

Percent distribution of the de facto household population by age groups, according to sex and residence, Indonesia DHS 2023-24

	Urban			Rural			Total		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	6.5	6.3	6.4	6.3	6.1	6.2	6.4	6.2	6.3
5-9	8.1	8.4	8.3	9.0	9.1	9.0	8.5	8.7	8.6
10-14	9.7	8.4	9.1	9.8	8.1	9.0	9.7	8.3	9.0
15-19	9.0	7.9	8.5	9.2	6.8	8.0	9.1	7.4	8.3
20-24	8.2	6.9	7.6	7.7	6.2	7.0	8.0	6.6	7.3
25-29	6.4	5.6	6.0	5.6	6.1	5.8	6.0	5.8	5.9
30-34	6.4	7.4	6.9	6.2	7.3	6.7	6.3	7.3	6.8
35-39	6.7	7.7	7.2	7.0	7.4	7.2	6.8	7.6	7.2
40-44	7.9	8.8	8.3	7.8	8.4	8.1	7.8	8.6	8.2
45-49	7.4	8.2	7.8	7.5	7.0	7.2	7.4	7.7	7.6
50-54	7.4	8.2	7.8	6.7	7.5	7.1	7.1	7.9	7.5
55-59	5.9	5.9	5.9	4.5	5.8	5.1	5.3	5.9	5.6
60-64	4.4	4.4	4.4	4.4	6.2	5.3	4.4	5.2	4.8
65-69	3.0	2.5	2.8	3.9	3.6	3.7	3.4	3.0	3.2
70-74	1.5	1.5	1.5	2.3	2.2	2.2	1.9	1.8	1.8
75-79	0.6	0.9	0.8	1.3	1.1	1.2	0.9	1.0	1.0
80 +	0.7	0.8	0.7	1.0	1.1	1.0	0.8	0.9	0.9
Don't know/missing	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Dependency age groups									
0-14	24.3	23.1	23.7	25.1	23.3	24.2	24.6	23.2	23.9
15-64	69.6	71.0	70.3	66.5	68.6	67.5	68.2	70.0	69.1
65+	5.9	5.7	5.8	8.4	8.0	8.2	7.0	6.7	6.9
Don't know/missing	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Child and adult populations									
0-17	30.2	28.0	29.1	31.2	27.5	29.4	30.6	27.8	29.2
18+	69.6	71.9	70.7	68.8	72.4	70.5	69.2	72.1	70.6
Don't know/missing	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Adolescents 10–19	18.7	16.3	17.5	18.9	14.9	17.0	18.8	15.7	17.3
Number of persons	12,695	12,195	24,890	10,178	9,707	19,885	22,873	21,902	44,776

Table 2.8 Household composition

Percent distribution of households by sex of head of household and by household size; mean size of households according to residence, Indonesia DHS 2023–24

	Residence		
Characteristic	Urban	Rural	Total
Household headship			
Male	84.2	84.1	84.2
Female	15.8	15.9	15.8
Total	100.0	100.0	100.0
Number of usual members			
0	0.0	0.0	0.0
1	9.2	11.4	10.2
2	18.0	18.8	18.4
3	23.9	23.2	23.6
4	27.6	25.5	26.6
5	14.3	12.4	13.4
6	4.4	6.0	5.1
7	1.6	1.9	1.8
8	0.6	0.4	0.5
9+	0.5	0.3	0.4
Total	100.0	100.0	100.0
Mean size of households	3.5	3.4	3.4
Number of households	7,269	5,987	13,256

Note: Table is based on de jure household members, i.e., usual residents

Table 2.9 Birth registration of children under age 5

Percentage of de jure children under age 5 whose births are registered with the civil authorities, according to background characteristics, Indonesia DHS 2023–24

Background characteristic	Percentage of children whose births are registered and who:		Total percentage of children whose births are registered	Number of children
	Had a birth certificate	Did not have birth certificate		
Age				
<1	71.2	12.9	84.0	398
1–4	91.7	3.7	95.4	2,430
Sex				
Male	89.5	4.8	94.3	1,468
Female	88.1	5.1	93.2	1,361
Residence				
Urban	90.1	4.7	94.8	1,595
Rural	87.1	5.3	92.4	1,233
Wealth quintile				
Lowest	76.8	7.0	83.8	507
Second	93.1	2.7	95.8	553
Middle	86.2	6.7	92.8	621
Fourth	93.7	4.5	98.1	571

Highest	93.3	4.0	97.2	576
Total	88.8	5.0	93.8	2,828

Table 2.10 Educational attainment of the female household population

Percent distribution of the de facto female household population age 6 and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Don't know	Total	Number	Median years completed
Age										
6-9	28.0	70.2	1.1	0.4	0.0	0.1	0.2	100.0	1,542	0.7
10-14	4.7	39.5	19.9	35.4	0.2	0.2	0.1	100.0	1,817	5.3
15-19	1.7	1.6	3.7	56.4	31.2	5.3	0.0	100.0	1,619	10.2
20-24	3.9	4.0	6.8	12.0	54.8	18.6	0.0	100.0	1,445	11.4
25-29	2.6	2.9	13.4	19.4	41.7	20.0	0.0	100.0	1,271	11.3
30-34	1.8	3.5	20.2	21.4	35.8	17.4	0.0	100.0	1,601	11.1
35-39	3.0	3.5	26.2	24.8	27.1	15.3	0.1	100.0	1,665	8.7
40-44	2.8	4.8	29.6	27.4	24.6	10.7	0.0	100.0	1,887	8.4
45-49	3.7	7.1	38.4	19.4	22.5	9.0	0.0	100.0	1,680	7.5
50-54	7.8	11.0	37.0	17.0	17.6	9.4	0.1	100.0	1,732	5.8
55-59	10.9	13.0	41.2	10.6	14.8	8.3	1.1	100.0	1,282	5.6
60-64	15.0	16.3	45.0	9.7	8.7	4.3	0.9	100.0	1,143	5.4
65+	26.6	15.5	40.9	6.0	5.6	3.1	2.4	100.0	1,472	5.2
Residence										
Urban	6.6	13.4	19.5	21.7	26.4	12.1	0.2	100.0	11,249	8.4
Rural	10.5	16.9	30.8	19.9	15.7	5.6	0.6	100.0	8,935	5.7
Wealth quintile										
Lowest	15.2	20.0	34.4	16.6	11.2	2.3	0.4	100.0	4,082	5.4
Second	10.2	16.9	29.7	20.7	18.5	3.5	0.5	100.0	3,990	5.8
Middle	6.4	14.0	25.3	24.2	24.5	5.1	0.5	100.0	3,954	7.8
Fourth	5.4	11.8	22.7	23.6	28.2	8.0	0.4	100.0	4,027	8.4
Highest	4.6	12.0	10.8	19.5	26.1	26.9	0.1	100.0	4,132	11.1
Total	8.4	14.9	24.5	20.9	21.7	9.2	0.4	100.0	20,185	7.2

Note: Total includes 29 cases with missing information on age.

[1] Completed 6th grade at the primary level.

[2] Completed 6th grade at the secondary level.

Table 2.11 Educational attainment of the male household population

Percent distribution of the de facto male household population age 6 and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	No education	Some primary	Com-pleted primary[1]	Some second-ary	Com-pleted second-ary[2]	More than second-ary	Don't know	Total	Number	Median years completed
Age										
6-9	28.5	70.5	0.1	0.7	0.1	0.0	0.1	100.0	1,592	0.7
10-14	6.4	39.7	20.1	33.1	0.4	0.1	0.4	100.0	2,221	5.2
15-19	2.7	1.9	6.4	57.4	28.6	3.0	0.0	100.0	2,076	9.9
20-24	3.9	2.5	9.0	15.0	56.0	13.0	0.6	100.0	1,823	11.3
25-29	4.3	2.7	14.9	19.0	45.6	13.6	0.0	100.0	1,378	11.2
30-34	2.1	4.0	17.6	20.9	40.2	15.1	0.0	100.0	1,438	11.1
35-39	2.6	3.7	23.2	25.8	33.0	11.7	0.0	100.0	1,565	8.8
40-44	2.8	4.7	25.5	23.5	32.0	11.5	0.1	100.0	1,794	8.7
45-49	2.9	4.4	35.8	21.8	23.6	11.4	0.1	100.0	1,702	8.2
50-54	3.8	6.9	33.2	20.1	27.1	8.8	0.1	100.0	1,615	8.2
55-59	6.2	8.8	35.2	15.8	23.3	9.8	0.9	100.0	1,210	6.0
60-64	9.9	14.7	40.2	10.2	17.1	7.7	0.1	100.0	1,002	5.6
65+	12.7	15.9	50.1	8.4	7.6	4.6	0.8	100.0	1,605	5.4
Residence										
Urban	6.0	12.3	18.5	21.3	30.7	11.1	0.1	100.0	11,663	8.6
Rural	7.7	16.9	28.2	23.8	18.7	4.3	0.4	100.0	9,388	5.9
Wealth quintile										
Lowest	9.7	19.6	31.2	20.6	16.7	2.1	0.1	100.0	4,215	5.7
Second	9.7	15.9	26.5	23.3	21.8	2.2	0.5	100.0	4,264	5.9
Middle	5.0	14.0	24.3	26.5	26.0	4.1	0.1	100.0	4,285	8.0
Fourth	4.6	11.8	20.8	25.0	30.4	7.2	0.3	100.0	4,180	8.5
Highest	4.4	10.4	10.9	16.5	32.2	25.3	0.2	100.0	4,106	11.2
Total	6.7	14.4	22.8	22.4	25.3	8.1	0.2	100.0	21,050	8.1

Note: Total includes 30 cases with missing information on age.

[1] Completed 6th grade at the primary level.

[2] Completed 6th grade at the secondary level .

Table 2.12 School attendance ratios

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling; and the Gender Parity Index (GPI), according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Net attendance ratio[1]				Gross attendance ratio[2]			
	Male	Female	Total	Gender Parity Index[3]	Male	Female	Total	Gender Parity Index[3]
PRIMARY SCHOOL								
Residence								
Urban	79.5	79.7	79.6	1.00	89.3	93.6	91.4	1.05
Rural	78.1	79.9	79.0	1.02	93.5	93.7	93.6	1.00
Wealth quintile								
Lowest	75.9	75.1	75.5	0.99	93.3	93.4	93.4	1.00
Second	78.0	78.3	78.2	1.00	92.8	90.8	91.8	0.98
Middle	77.2	80.3	78.5	1.04	87.3	92.0	89.4	1.05
Fourth	81.7	80.9	81.3	0.99	91.1	94.9	92.9	1.04
Highest	81.4	83.3	82.4	1.02	92.7	96.6	94.7	1.04
Total	78.9	79.8	79.3	1.01	91.3	93.6	92.4	1.03
SECONDARY SCHOOL								
Residence								
Urban	74.3	78.5	76.1	1.06	92.3	97.7	94.7	1.06
Rural	72.2	79.2	75.1	1.10	93.9	101.8	97.2	1.08
Wealth quintile								
Lowest	56.5	73.4	63.6	1.30	76.4	98.9	85.9	1.29
Second	72.0	77.1	74.3	1.07	92.8	96.7	94.5	1.04
Middle	77.8	78.8	78.3	1.01	100.4	98.8	99.7	0.98
Fourth	76.9	80.5	78.4	1.05	96.2	104.1	99.6	1.08
Highest	81.2	82.5	81.8	1.02	97.1	98.2	97.6	1.01
Total	73.4	78.7	75.7	1.07	93.0	99.4	95.8	1.07

[1] The NAR for primary school is the percentage of the primary-school age (7-12 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school age (13-18 years) population that is attending secondary school. By definition the NAR cannot exceed 100.0.

[2] The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100.0.

[3] The Gender Parity Index for primary school is the ratio of the primary school NAR (GAR) for females to the NAR (GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR (GAR) for females to the NAR (GAR) for males.

Table 2.13 Participation rate in organized learning

Percent distribution of children age one year younger than the official primary school entry age at the beginning of the school year by attendance at an early childhood education program or primary school, and the adjusted net attendance ratio (NAR), according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percent distribution of children attending: An early childhood education program	Primary school	Neither an early childhood education program nor primary school	Total	Adjusted NAR[1]	Number of children age 6 years at beginning of the school year
Sex						
Male	61.1	9.8	29.1	100.0	70.9	369
Female	54.1	17.5	28.3	100.0	71.7	431
Residence						
Urban	54.9	12.5	32.5	100.0	67.5	426
Rural	60.1	15.6	24.3	100.0	75.7	374
Wealth quintile						
Lowest	49.8	28.0	22.2	100.0	77.8	136
Second	49.8	12.2	38.1	100.0	61.9	193
Middle	66.6	7.7	25.7	100.0	74.3	138
Fourth	59.4	9.5	31.1	100.0	68.9	160
Highest	62.5	14.1	23.4	100.0	76.6	172
Total	57.4	14.0	28.7	100.0	71.3	800

[1] The adjusted net attendance ratio (NAR) to organized learning is the percentage of children of age one year younger than official primary school entry age (at the beginning of school year) who are attending early childhood education or primary school.

CHARACTERISTICS OF RESPONDENTS 3

Key Findings

- ***Education:*** The percentage of women with completed primary increases with age and peaks at age 45-49 (39%).
- ***Literacy:*** The percentage of women which has higher than secondary schooling in urban areas are two times more likely than women which has higher than secondary schooling in rural areas.
- ***Mass Media Exposure:*** The percentage of women age 15-49 who reads a newspaper at least ones a week increases by education level.
- ***Internet Usage:*** Urban women are much more likely than rural women to have used the internet in the past 12 month.
- ***Employment:*** Divorced, separated, or widowed women are more likely to be employed than those who are currently married and those who have never been married. The percentage is 65% compared with 43% and 32%.
- ***Health Insurance:*** Among women age 15-49, 63% have health insurance, 40% have subsidized health insurance (JKN/BPJS PBI), and 20% have nonsubsidized health insurance (JKN/BPJS Non-PBI).

This chapter presents information on the demographic and socioeconomic characteristics of the survey respondents such as age, education, literacy, marital status, employment, occupation, wealth, health insurance coverage, residence at birth, current place of residence, and recent migration. The chapter also presents information on respondents' use of alcohol and tobacco. Together, this information is useful for understanding the factors that affect use of reproductive health services, contraceptive use, and other health behaviors.

3.1 Basic Characteristics of Survey Respondents

Thirty-nine percent of women age 15-49 in IDHS 2023-24 are under age 30. Among women age 15-49, 68% are currently married or living together, 28% have never been married, and 4% are separated, divorced, or widowed. More than half (57%) of women live in urban areas. More than half of women are in the middle to highest wealth quintile **(Table 3.1)**.

3.2 EDUCATION AND LITERACY

Literacy

Respondents who had attended higher than secondary school were assumed to be literate. All other respondents were considered literate if they could read aloud all or part of a sentence shown to them.

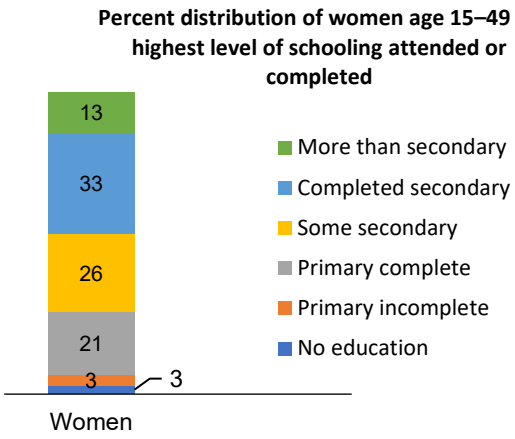
Sample: Women age 15-49.

Educational attainment and literacy are the main factors that influence individual knowledge, attitudes, and behavior. Literate persons will obtain important information for decision-making that may result in changes in attitudes and behavior. Information on education and literacy is presented in **Table 3.2** through **Table 3.3**.

The percentage of women with completed secondary is the highest, follow by some secondary and completed primary **(Figure 3.1)**. And almost all women (99%) are literate **(Table 3.3)**.

Trends: The percentage of women with completed secondary education who are literate has increased from 25% in the 2017 IDHS to 33% in the 2023-24 IDHS.

Figure 3.1 Education of survey respondents



Patterns by background characteristics

- The percentage of women with completed primary increases with age and peaks at age 45-49 (39%) **(Table 3.2)**.
- The percentage of women with secondary or more than secondary education increases with wealth **(Table 3.2)**.
- The percentage of women with more than secondary in urban areas are two times of women in rural areas **(Table 3.2)**.
- Literacy among women increases with wealth **(Table 3.3)**.
- Literacy in urban areas is higher than in rural areas.

3.3 MASS MEDIA EXPOSURE AND INTERNET USAGE

Exposure to mass media

Respondents were asked how often they read a newspaper, listened to the radio, or watched television. Those who responded *at least once a week* are considered regularly exposed to that form of media.

Sample: Women age 15-49.

Use of the internet

Respondents were asked if they have ever used the internet from any device, if they used the internet in the last 12 months, and, if so, how often they used it during the last month.

Sample: Women age 15-49.

Information access through mass media is important to improve knowledge and awareness of the environment and to influence people's attitude and behavior. Information on family planning and health need to be

accessible to all people. Information can be accessed through traditional media or the internet. Indicator mass media and the internet are presented in **Table 3.4** and **Table 3.5**.

Table 3.4 shows that the percentage of women who access information through watching television at least once a week is the highest (34%) compared to other mass media. It's only one percent who access all three mass media (newspaper, television and radio).

Trends: The percentage of women who have ever used the internet has increased from 40% in the 2017 IDHS to 81% in the 2023-24 IDHS.

Patterns by background characteristics

- The percentage of women age 15-49 who read a newspaper at least once a week increases by education level **(Table 3.4)**.
- Urban women are much more likely than rural women to have used the internet in the past 12 months **(Table 3.5)**.
- Women who have ever used the internet increase with wealth **(Table 3.5)**.

3.4 EMPLOYMENT

Currently employed

Respondents who were employed in the 7 days before the survey, including respondents who weren't employed in the 7 days before the survey but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Sample: Women age 15-49.

Forty one percent women in urban area are employed in the 12 months preceding the survey **(Table 3.6)**.

Trends: Forty-one percent of women are currently employed in the 12 months preceding the survey in the 2023-24 IDHS. This percentage is lower than in IDHS 2017, which is 53% **(Table 3.6)**.

Patterns by background characteristics

- Sixty percent women with more than secondary education are currently employed.
- Divorced, separated, or widowed women are more likely to be employed than those who are currently married and never been married, 65%, 43%, and 32% respectively.
- There are no notable variations in the proportion of currently employed women by wealth quintile.
- The percentage of women in nonagricultural work earning cash only is the highest than other type of earning (88%) **(Table 3.8)**.
- Fifty nine percent women in agricultural work are employed by family member. On the other hand, women in nonagricultural are more likely to be employed by nonfamily member.

3.5 OCCUPATION

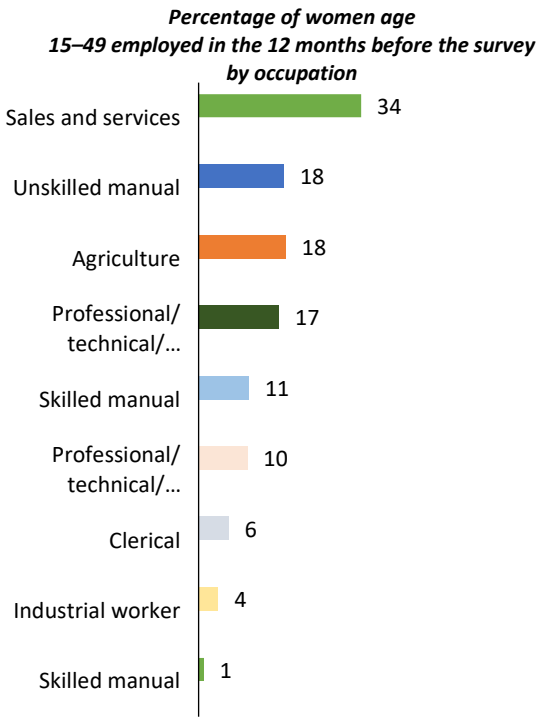
Occupation

Categorized as professional/technical/managerial, clerical, sales and services, skilled manual, unskilled manual, Industrial worker, agriculture worker, and other.

Sample: Women age 15-49 who were currently employed or had worked in the 12 months before the survey.

Figure 3.2 shows that women were most likely to be employed in sales and services over the 12 months before the survey. One in three women (34%) was employed in sales and services. Only 1% of women work in the skilled manual area.

Figure 3.2 Occupation



Trends: Percentage of women working in professional/technical/managerial positions in the 2023-24 IDHS is higher than in the 2017 IDHS, at 17 percent and 11 percent, respectively.

Patterns by background characteristics

- The percentage of women who work in sales and services is the highest percentage among occupations in every age group. More women age 20-24 and age 45-49 are employed in sales and services (37%) than in any other profession **(Table 3.7)**.
- Urban women are more likely to be employed in sales and services (39%) compared to rural women (27%).
- Women age 15-49 employed as agricultural worker decreases with wealth. On the other hand, women employed in professional/technical/managerial positions increase with wealth.

3.6 HEALTH INSURANCE COVERAGE

Health insurance

Health insurance has both government and private sources. The program of health insurance from the government is described as follows:
- JKN/BPJS PBI is subsidized health insurance.
- JKN/BPJS Non-PBI is non-subsidized health insurance.
- Regional health insurance in Indonesia is known as Jamkesda.

Sample: Women age 15-49.

Sixty-three percent of women have health insurance **(Table 3.9)**. Among these women, 40% have subsidized health insurance (JKN/BPJS PBI) and 20% have non-subsidized health insurance (JKN/non-PBI).

Trends: Health insurance coverage had changed by 2023-24. The percentage of women who lack health insurance decreased from 42% to 37% over the last 6 years.

Patterns by background characteristics

- The percentage of women who have nonsubsidized health insurance (JKN/non-PBI) increases as the education increases **(Table 3.9)**.
- The women in urban areas are more likely to have nonsubsidized health insurance compared to women in rural areas, 23% and 15% respectively. On the other hand, women in rural areas are more likely to have subsidized health insurance, 43% and 38% respectively **(Table 3.9)**.
- Rural women are more likely than urban women to have no health insurance, 41% and 34% respectively.

3.7 Tobacco Use

Tobacco use

Respondents were asked about smoking cigarettes or other types of tobacco. Smoking in this survey includes daily and occasional use.

Sample: Women age 15-49.

Smoking has a negative effect on health, even for the passive smoker. 2023-24 IDHS provides information about women age 15-49 who smoke cigarette. Two percent women age 15-49 smokes cigarette (**Table 3.10**).

Trends: There has been no change in percentage of women who smokes cigarette in the last 6 years. In both the 2017 IDHS and the 2023-24 IDHS, 2% of women are cigarette smokers.

Patterns by background characteristics

- The highest percentage of women who smoke cigarette are women age 35-39 (4%).
- There is only a slight difference of percentage women who smokes cigarette in urban and rural areas, 2 percent and 3 percent respectively.
- The percentage women smokes cigarette decreases as the wealth quintile increases. The highest percentage of women who smokes is for the lowest quintile and the lowest is for the highest quintile.

3.8 Place of Birth and Recent Migration

Recent migration

Percentage of respondents who were born outside of their current place of residence and moved to their current place of residence in the 5 years preceding the survey.

Sample: Women age 15-49 who were born outside their current place of residence.

Thirty eight percent women were born in Indonesia but outside of current place of residence (lifetime migrants) and 9% moved to current place of residence in the last 5 years (recent migrants).

Patterns by background characteristics

- Lifetime migrants increase with age and recent migrants decrease with age. Women in urban areas are more likely as recent migrants than women in rural areas, 10% and 7% respectively.
- The percentage of urban women who moved to their current place of residence in the last 5 years is higher than rural women (10% and 7%, respectively).

3.8.1 Type of Migration

Among women who moved to their current residence in the last 5 years, 49% moved from urban to urban areas, 23 % moved from rural to rural areas, 19% moved from rural to urban areas, and 9% moved from urban to rural areas **(Table 3.12)**.

3.8.2 Reason for Migration

There are several reasons why women have moved to their current place of residence. In the 2023-24 IDHS, the highest percentage of reasons women moved to their current residence is marriage formation, followed by family reunification/other family-related reasons **(Table 3.13)**.

LIST OF TABLES

For more information on the characteristics of survey respondents, see the following tables:

- **Table 3.1 Background characteristics of respondents**
- **Table 3.2 Educational attainment**
- **Table 3.3 Literacy**
- **Table 3.4 Exposure to mass media**
- **Table 3.5 Internet usage**
- **Table 3 6 Employment status**
- **Table 3.7 Occupation**
- **Table 3.8 Type of employment**
- **Table 3.9 Health insurance coverage**
- **Table 3.10 Cigarette smoking**
- **Table 3.11 Place of birth and recent migration**
- **Table 3.12 Type of migration**
- **Table 3.13 Reason for migration**

Table 3.1 Background characteristics of respondents

Percent distribution of women age 15-49 by selected background characteristics, Indonesia DHS 2023-24

Background characteristic	Weighted percent	Number of women Weighted number	Unweighted number
Age			
15-19	14.4	1,681	1,823
20-24	12.8	1,497	1,621
25-29	11.6	1,353	1,403
30-34	14.3	1,672	1,551
35-39	15.0	1,750	1,722
40-44	16.8	1,962	1,893
45-49	15.2	1,779	1,682
Marital status			
Never married	28.1	3,283	3,776
Married	64.7	7,571	6,991
Living together	2.9	344	456
Divorced/separated	2.5	294	267
Widowed	1.7	204	205
Residence			
Urban	57.3	6,704	7,653
Rural	42.7	4,991	4,042
Education			
No education	3.0	347	368
Some primary	3.4	398	378
Completed primary	20.8	2,436	1,979
Some secondary	25.9	3,034	2,741
Completed secondary	33.4	3,912	4,289
More than secondary	13.4	1,568	1,940
Wealth quintile			
Lowest	15.3	1,792	2,162
Second	19.3	2,254	2,206
Middle	20.3	2,371	2,302
Fourth	22.7	2,649	2,503
Highest	22.5	2,629	2,522
Total 15-49	100.0	11,695	11,695

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

Table 3.2 Educational attainment

Percent distribution of women age 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Highest level of schooling: No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Total	Median years completed	Number of women
Age									
15-24	3.4	1.9	4.3	35.2	43.4	11.8	100.0	11.1	3,178
15-19	2.6	1.0	2.1	56.4	32.4	5.5	100.0	10.3	1,681
20-24	4.3	2.8	6.8	11.5	55.7	18.9	100.0	11.4	1,497
25-29	2.9	2.3	14.3	18.9	42.0	19.6	100.0	11.3	1,353
30-34	1.6	3.7	19.7	21.6	36.2	17.2	100.0	11.1	1,672
35-39	3.1	2.9	27.4	24.7	26.5	15.4	100.0	8.7	1,750
40-44	2.6	4.3	30.8	26.8	24.9	10.6	100.0	8.4	1,962
45-49	3.8	6.2	39.0	19.1	22.9	9.1	100.0	7.3	1,779
Residence									
Urban	2.0	2.2	15.1	25.5	38.4	16.8	100.0	11.1	6,704
Rural	4.2	5.1	28.5	26.5	26.9	8.8	100.0	8.5	4,991
Wealth quintile									
Lowest	6.2	8.0	31.4	26.7	23.4	4.4	100.0	8.0	1,792
Second	4.7	5.3	27.9	26.3	30.3	5.5	100.0	8.5	2,254
Middle	2.5	2.7	21.4	29.1	36.8	7.5	100.0	9.0	2,371
Fourth	1.5	1.5	19.6	26.6	39.9	10.9	100.0	11.0	2,649
Highest	1.2	1.2	8.3	21.6	33.5	34.2	100.0	11.5	2,629
Total	3.0	3.4	20.8	25.9	33.4	13.4	100.0	9.9	11,695

[1] Completed 6th grade at the primary level.

[2] Completed 6th grade at the secondary level .

Table 3.3 Literacy

Percent distribution of women age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Higher than secondary schooling	No schooling, primary or secondary school: Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Total	Percent-age literate [1]	Number of women
Age								
15-24	11.8	86.4	1.1	0.7	0.0	100.0	99.3	3,178
15-19	5.5	93.2	0.8	0.5	0.0	100.0	99.5	1,681
20-24	18.9	78.7	1.5	0.9	0.0	100.0	99.1	1,497
25-29	19.6	77.4	2.0	0.8	0.0	100.0	99.1	1,353
30-34	17.2	77.5	4.5	0.8	0.0	100.0	99.1	1,672
35-39	15.4	77.7	5.2	1.8	0.0	100.0	98.2	1,750
40-44	10.6	82.8	5.2	1.3	0.1	100.0	98.6	1,962
45-49	9.1	78.4	9.7	2.7	0.2	100.0	97.1	1,779
Residence								
Urban	16.8	79.8	2.8	0.5	0.0	100.0	99.4	6,704
Rural	8.8	82.5	6.4	2.3	0.1	100.0	97.6	4,991
Wealth quintile								
Lowest	4.4	80.3	10.8	4.3	0.2	100.0	95.5	1,792
Second	5.5	86.8	6.0	1.5	0.1	100.0	98.4	2,254
Middle	7.5	88.1	3.7	0.7	0.0	100.0	99.3	2,371
Fourth	10.9	85.8	2.8	0.4	0.0	100.0	99.5	2,649
Highest	34.2	65.0	0.4	0.4	0.0	100.0	99.6	2,629
Total	13.4	80.9	4.3	1.3	0.0	100.0	98.7	11,69

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[1] Refers to women who attended schooling higher than the secondary level and women with less schooling who can read a whole sentence or part of a sentence.

Table 3.4 Exposure to mass media

Percentage of women age 15-49 who are exposed to specific media on a weekly basis, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio 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	Number of women
Age						
15-19	2.7	28.3	1.3	0.4	70.3	1,681
20-24	2.6	26.4	1.4	0.7	72.2	1,497
25-29	2.3	35.3	2.6	0.2	62.5	1,353
30-34	2.9	40.3	2.2	0.8	58.7	1,672
35-39	3.6	37.9	3.0	0.4	59.6	1,750
40-44	3.1	32.0	2.7	0.5	65.9	1,962
45-49	2.3	37.5	2.0	0.5	61.2	1,779
Residence						
Urban	3.3	33.4	2.4	0.6	64.7	6,704
Rural	2.1	35.0	1.9	0.4	63.7	4,991
Education						
No education	1.3	32.6	2.9	0.4	65.7	347

Some primary	1.5	29.2	3.9	0.7	68.8	398
Completed primary	1.8	32.5	1.4	0.4	66.3	2,436
Some secondary	2.2	35.7	2.3	0.4	62.7	3,034
Completed secondary	2.4	34.1	2.1	0.4	64.8	3,912
More than secondary	7.4	34.9	2.9	0.9	61.3	1,568
Wealth quintile						
Lowest	1.9	23.1	2.1	0.2	74.6	1,792
Second	2.4	31.2	1.8	0.4	67.1	2,254
Middle	2.9	35.7	1.5	0.5	63.0	2,371
Fourth	2.0	39.2	2.3	0.5	59.9	2,649
Highest	4.6	37.3	3.2	0.8	60.3	2,629
Total	2.8	34.0	2.2	0.5	64.2	11,695

Table 3.5 Internet usage

Percentage of women age 15-49 who have ever used the Internet, and percentage who have used the Internet in the last 12 months; and among women who have used the Internet in the last 12 months, percent distribution by frequency of Internet use in the last month, according to background characteristics, Indonesia DHS 2023-24

				Among women who have used the Internet in the last 12 months, percentage who, in the last month, used Internet:					
Background characteristic	Ever used the Internet	Used the Internet in the last 12	Number	Almost every day	At least once a week	Less than once a week	Not at all	Total	Number

			months						
Age									
15–19	90.5	89.4	1,681	95.3	3.6	0.4	0.7	100.0	1,502
20–24	92.9	91.5	1,497	89.9	8.7	0.7	0.6	100.0	1,370
25–29	91.0	90.5	1,353	88.6	9.6	1.5	0.3	100.0	1,225
30–34	88.1	87.2	1,672	88.9	9.0	1.6	0.5	100.0	1,458
35–39	80.7	79.2	1,750	83.5	15.4	0.7	0.3	100.0	1,386
40–44	69.2	67.7	1,962	80.9	17.0	1.6	0.5	100.0	1,328
45–49	60.1	58.6	1,779	77.1	19.9	2.3	0.8	100.0	1,043
Residence									
Urban	87.0	86.0	6,704	89.3	9.2	0.8	0.7	100.0	5,762
Rural	72.6	71.1	4,991	82.6	15.1	2.0	0.3	100.0	3,549
Education									
No education	55.1	52.6	347	86.2	13.1	0.0	0.7	100.0	183
Some primary	45.4	43.6	398	76.1	21.6	1.5	0.7	100.0	173
Completed primary	59.4	58.1	2,436	76.2	21.8	1.6	0.5	100.0	1,415
Some secondary	84.0	82.9	3,034	85.3	12.6	1.7	0.4	100.0	2,517
Completed secondary	90.9	89.6	3,912	89.1	9.0	1.1	0.7	100.0	3,507
More than secondary	97.7	96.8	1,568	94.9	4.3	0.5	0.2	100.0	1,518
Wealth quintile									
Lowest	60.1	58.1	1,792	74.7	20.9	4.0	0.4	100.0	1,041
Second	72.0	70.6	2,254	84.7	13.3	1.4	0.6	100.0	1,590
Middle	82.8	81.7	2,371	84.4	13.9	1.2	0.5	100.0	1,937
Fourth	88.1	86.8	2,649	87.7	10.9	0.6	0.8	100.0	2,300
Highest	93.6	93.0	2,629	94.3	5.0	0.5	0.3	100.0	2,444
Total	80.9	79.6	11,695	86.8	11.5	1.2	0.5	100.0	9,311

Table 3.6 Employment status

Percent distribution of women age 15-49 by employment status, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Employed in the 12 months preceding the survey: Currently employed[1]	Employed in the 12 months preceding the survey: Not currently employed	Not employed in the 12 months preceding the survey	Total	Number of women
Age					
15-19	13.9	1.4	84.7	100.0	1,681
20-24	35.9	7.0	57.1	100.0	1,497
25-29	45.3	6.0	48.7	100.0	1,353
30-34	42.5	3.9	53.5	100.0	1,672
35-39	45.6	2.7	51.6	100.0	1,750
40-44	50.2	2.7	47.1	100.0	1,962
45-49	49.9	1.8	48.4	100.0	1,779
Marital status					
Never married	32.4	2.9	64.6	100.0	3,283
Married or living together	42.7	3.7	53.6	100.0	7,915
Divorced/separated/widowed	64.7	3.9	31.3	100.0	497
Number of living children					
0	33.5	3.3	63.2	100.0	3,899
1-2	44.0	3.6	52.3	100.0	5,667
3-4	45.2	3.5	51.4	100.0	1,975
5+	46.4	3.1	50.5	100.0	154
Residence					
Urban	40.7	2.6	56.7	100.0	6,704
Rural	40.8	4.7	54.5	100.0	4,991
Education					
No education	37.0	2.3	60.7	100.0	347
Some primary	43.0	5.5	51.6	100.0	398
Completed primary	40.5	3.1	56.4	100.0	2,436
Some secondary	29.9	3.6	66.5	100.0	3,034
Completed secondary	41.8	3.9	54.3	100.0	3,912
More than secondary	59.8	2.5	37.7	100.0	1,568
Wealth quintile					
Lowest	41.3	5.1	53.6	100.0	1,792
Second	38.6	2.4	59.0	100.0	2,254
Middle	37.8	4.5	57.6	100.0	2,371
Fourth	40.9	3.7	55.4	100.0	2,649
Highest	44.8	2.1	53.2	100.0	2,629

Total			40.7		3.5			55.8	100.0	11,695

[1] "Currently employed" is defined as having done work in the last 7 days. Includes paid and unpaid business activities or help with family/ other people's work, and persons who did not work in the last 7 days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Table 3.7 Occupation

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Profes-sional/ technical/ manage-rial	Clerical	Sales and services	Skilled manual	Unskilled manual	Industrial work	Agricul-tural worker	Don't know	Total	Number of women
Age										
15-19	12.1	6.7	34.4	4.8	20.9	3.4	14.4	3.4	100.0	257
20-24	16.7	9.8	37.1	2.1	22.1	2.1	9.5	0.6	100.0	642
25-29	25.6	10.4	28.1	1.0	13.2	6.5	14.0	1.1	100.0	694
30-34	21.7	5.5	32.9	0.6	14.3	5.0	17.0	2.9	100.0	777
35-39	16.8	6.0	33.3	0.3	19.0	3.8	19.5	1.4	100.0	846
40-44	14.6	5.0	34.0	0.6	17.8	4.0	22.0	2.0	100.0	1,038
45-49	9.9	3.4	37.4	0.9	19.2	3.8	23.7	1.6	100.0	919
Marital status										
Never married	21.2	10.4	33.9	2.9	20.5	2.3	7.9	0.9	100.0	1,161
Married or living together	16.1	5.3	33.7	0.5	16.0	4.8	21.4	2.1	100.0	3,670
Divorced/separa-ted/widowed	8.9	3.5	36.7	1.2	27.6	3.6	18.0	0.5	100.0	341
Number of living children										
0	23.1	9.9	32.5	2.4	19.6	2.2	9.0	1.3	100.0	1,433
1-2	14.4	5.0	35.6	0.6	15.8	5.1	21.5	2.0	100.0	2,702
3-4	15.1	5.0	32.6	0.5	20.2	4.5	20.3	1.8	100.0	961
5+	2.9	6.4	20.6	0.1	24.5	2.1	43.3	0.0	100.0	76
Residence										
Urban	22.6	7.5	39.4	1.4	16.6	4.9	5.5	2.1	100.0	2,899

Rural	9.4	4.8	27.0	0.6	19.4	3.1	34.3	1.3	100.0	2,273
Education										
No education	4.6	7.5	22.5	1.5	22.1	4.6	37.2	0.0	100.0	137
Some primary	0.5	1.4	17.2	0.0	28.1	10.3	39.5	3.0	100.0	193
Completed primary	1.0	1.5	32.3	0.3	20.9	2.8	39.7	1.4	100.0	1,062
Some secondary	3.6	3.5	41.1	0.4	22.9	6.1	21.2	1.2	100.0	1,016
Completed secondary	12.6	8.6	40.6	2.3	19.3	4.8	9.1	2.7	100.0	1,789
More than secondary	60.1	11.3	21.0	0.4	3.9	1.1	1.3	1.0	100.0	977
Wealth quintile										
Lowest	4.6	3.7	15.6	0.3	26.5	4.0	44.3	1.1	100.0	831
Second	9.5	6.3	30.5	0.8	21.9	3.8	25.7	1.5	100.0	923
Middle	10.4	5.9	38.7	1.3	20.7	4.5	15.6	2.8	100.0	1,004
Fourth	13.2	7.5	46.3	1.4	15.9	4.6	9.5	1.6	100.0	1,182
Highest	39.2	7.5	33.2	1.1	8.4	3.8	5.2	1.7	100.0	1,231
Total	16.8	6.3	33.9	1.1	17.8	4.1	18.2	1.7	100.0	5,172

Table 3.8 Type of employment

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), Indonesia DHS 2023-24

Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	63.9	88.3	82.9
Cash and in-kind	11.8	3.9	5.3
In-kind only	1.2	0.4	0.5
Not paid	23.1	7.4	11.2
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	58.6	21.7	29.4
Employed by nonfamily member	30.6	49.7	45.5
Self-employed	10.7	28.6	25.1

Total	100.0	100.0	100.0
Continuity of employment			
All year	42.2	80.4	73.3
Seasonal	39.8	9.1	14.6
Occasional	18.0	10.4	12.0
Total	100.0	100.0	100.0
Number of women employed during the last 12 months	939	4,143	5,172

Note: Total includes women with missing information on type of employment who are not shown separately.

Table 3.9 Health insurance coverage

Percentage of women age 15-49 with specific types of health insurance coverage, and percentage with any health insurance, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Subsidized health insurance (JKN/BPJS PBI)[1]	Nonsubsi-dized health insurance (JKN/non-PBI)[2]	Employer-based insurance	Regional health insurance (Jamkesda)[3]	Private health insurance	Other	None	Any health insurance	Number of women
Age									
15-19	35.3	18.0	0.9	0.7	1.0	0.2	44.9	55.1	1,681

20-24	39.9	16.4	2.8	1.1	1.9	0.3	39.5	60.5	1,497
25-29	40.3	20.8	2.8	1.7	1.8	0.5	34.9	65.1	1,353
30-34	39.0	23.3	2.7	1.5	1.6	0.5	34.3	65.7	1,672
35-39	39.4	23.6	2.2	2.1	2.6	0.2	32.9	67.1	1,750
40-44	45.4	17.8	1.2	2.1	1.5	0.3	33.5	66.5	1,962
45-49	40.2	17.8	2.0	2.3	1.9	0.4	38.3	61.7	1,779
Residence									
Urban	38.2	23.2	2.9	1.8	2.8	0.2	33.9	66.1	6,704
Rural	42.6	14.8	0.9	1.5	0.4	0.5	40.8	59.2	4,991
Education									
No education	35.1	7.2	1.9	1.0	0.4	1.6	54.0	46.0	347
Some primary	34.1	17.6	0.6	2.4	0.3	0.1	46.6	53.4	398
Completed primary	46.0	14.0	0.5	2.0	0.3	0.3	38.2	61.8	2,436
Some secondary	40.5	17.8	0.7	1.7	0.8	0.3	39.4	60.6	3,034
Completed secondary	38.8	19.6	2.5	1.5	2.2	0.3	37.3	62.7	3,912
More than secondary	35.7	35.2	6.2	1.5	5.4	0.4	22.2	77.8	1,568
Wealth quintile									
Lowest	46.4	12.2	0.2	1.8	0.1	0.6	40.4	59.6	1,792
Second	42.7	12.9	0.4	2.2	0.8	0.3	41.9	58.1	2,254
Middle	42.0	16.7	1.7	1.6	0.8	0.2	38.4	61.6	2,371
Fourth	40.6	18.1	2.8	1.5	1.5	0.3	37.5	62.5	2,649
Highest	31.2	34.7	4.1	1.4	4.9	0.4	27.9	72.1	2,629
Total	40.1	19.6	2.0	1.7	1.8	0.3	36.8	63.2	11,695

[1] National Health Insurance (JKN)/Social Security Administering Agency (BPJS) - Subsidized Health Insurance Contribution Assistance (PBI).

[2] National Health Insurance (JKN)/Social Security Administering Agency (BPJS) - Non-Subsidized Participants.

[3] Regional Health Insurance (Local Government-Jamkesda).

Table 3.10 Cigarette smoking

Percentage of women age 15–49 who smoke cigarette, according to background characteristics, Indonesia DHS 2023–24

Background characteristic	Percentage who smokes cigarette[1]	Number of women
Age		
15–19	1.2	1,681
20–24	1.2	1,497
25–29	2.6	1,353
30–34	3.4	1,672
35–39	3.5	1,750
40–44	1.9	1,962
45–49	2.6	1,779
Residence		
Urban	2.2	6,704
Rural	2.6	4,991
Education		
No education	2.7	347
Some primary	4.5	398
Completed primary	1.6	2,436
Some secondary	2.8	3,034
Completed secondary	2.8	3,912
More than secondary	1.1	1,568
Wealth quintile		
Lowest	3.3	1,792
Second	2.7	2,254
Middle	2.7	2,371
Fourth	2.2	2,649
Highest	1.3	2,629
Total	2.4	11,695

[1] Includes daily and occasional (less than daily) use.

Table 3.11 Place of birth and recent migration

Percent distribution of women age 15-49 who have always lived in their current place of residence, who were born in Indonesia but outside of current place of residence, and who were born in another country, and among women who were born outside of current place of residence, percentage who moved to current place of residence in the last 5 years, according to background characteristics, Indonesia DHS 2023-24

	Percent distribution by residence and place of birth					Among women who were born outside of current place of residence	
Background characteristic	Always lived in current place of residence[1]	Born in Indonesia but outside of current place of residence	Born outside of Indonesia	Total	Number of women	Percentage who moved to current place of residence in the last 5 years	Number of women[2]
Age							
15-19	73.9	26.1	0.0	100.0	1,681	11.1	438
20-24	68.4	31.6	0.0	100.0	1,493	15.3	471
25-29	61.8	38.2	0.0	100.0	1,353	16.4	517
30-34	59.7	40.2	0.1	100.0	1,668	12.0	672
35-39	52.7	47.2	0.1	100.0	1,750	5.5	827
40-44	60.1	39.9	0.0	100.0	1,962	4.0	784
45-49	60.1	39.7	0.1	100.0	1,779	4.6	709
Residence							
Urban	59.7	40.3	0.0	100.0	6,696	10.0	2,697
Rural	65.5	34.4	0.1	100.0	4,991	7.3	1,722
Wealth quintile							
Lowest	57.0	42.7	0.3	100.0	1,791	9.9	771
Second	66.7	33.3	0.0	100.0	2,254	8.5	750
Middle	65.3	34.7	0.0	100.0	2,364	6.9	821
Fourth	64.6	35.4	0.0	100.0	2,649	10.5	938
Highest	56.7	43.3	0.0	100.0	2,629	8.8	1,139
Total	62.2	37.8	0.1	100.0	11,686	8.9	4,419

Note: Respondents who are visitors in the household are excluded from this table.

[1] May include respondents who were born elsewhere in Indonesia but moved to their current place of residence when very young.

[2] Includes respondents who reported that they were born outside of Indonesia and that they always lived in their current place of residence. Such respondents are assumed not to have moved in the last 5 years.

Table 3.12 Type of migration

Percent distribution of women age 15-49 who have moved to their current place of residence in the last 5 years by type of migration, according to age, Indonesia DHS 2023-24

Age	Type of migration					Number of respondents
	Urban to urban	Urban to rural	Rural to urban	Rural to rural	Total	
	WOMEN 15-49					
15-19	(36.1)	(10.7)	(19.8)	(33.4)	100.0	49
20-24	27.8	11.8	26.0	34.5	100.0	72
25-29	56.0	8.2	17.3	18.4	100.0	85
30-34	71.6	5.8	14.0	8.6	100.0	81
35-39	51.1	12.7	14.9	21.3	100.0	45
40-44	(65.7)	(12.2)	(16.6)	(5.5)	100.0	31
45-49	*	*	*	*	100.0	32
Total 15-49	49.2	8.9	19.1	22.7	100.0	395

Note: Type of migration is based on categorizing the previous place of residence and the current place of residence as urban or rural. The previous place of residence is the place the person moved from just before moving to the current place of residence. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is

based on fewer than 25 unweighted cases and has been suppressed.

Table 3.13 Reason for migration

Percent distribution of women age 15-49 who have moved to their current place of residence by the reason for migration, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Employment	Education / training	Marriage formation	Family reunification/ other family-related reason	Forced displacement	Other	Total	Number of women
Age								
15-19	3.2	13.7	7.1	54.6	0.3	21.1	100.0	438
20-24	6.5	8.2	29.2	40.3	0.7	15.1	100.0	471
25-29	7.2	3.0	55.0	25.4	0.1	9.2	100.0	517
30-34	8.4	1.8	62.8	17.1	0.7	9.2	100.0	672

35–39	10.5	1.0	63.3	14.9	0.6	9.6	100.0	827
40–44	11.7	1.4	60.5	17.9	0.9	7.7	100.0	784
45–49	11.8	1.3	58.8	17.2	1.8	9.0	100.0	709
Timing of move to current place of residence								
0–4 years	20.1	5.6	51.8	17.5	1.5	3.4	100.0	395
5–9 years	13.3	2.3	60.6	18.1	0.9	4.7	100.0	550
10 years or more	7.1	3.5	50.4	25.7	0.7	12.6	100.0	3,475
Type of migration[1]								
Urban to urban	19.7	6.3	43.6	22.1	2.1	6.2	100.0	194
Urban to rural	15.1	0.0	52.5	28.7	0.0	3.7	100.0	35
Rural to urban	16.0	11.4	58.7	11.4	2.6	0.0	100.0	75
Rural to rural	26.5	1.6	63.6	8.3	0.0	0.0	100.0	90
Residence								
Urban	11.7	4.3	49.5	26.4	0.8	7.3	100.0	2,697
Rural	4.9	2.3	55.4	20.3	0.8	16.2	100.0	1,722
Wealth quintile								
Lowest	5.4	4.6	57.2	21.4	0.6	10.8	100.0	771
Second	6.0	3.4	55.4	22.3	0.9	12.1	100.0	750
Middle	7.6	3.5	55.5	20.3	0.6	12.5	100.0	821
Fourth	8.9	3.0	53.1	23.6	1.5	9.9	100.0	938
Highest	14.8	3.3	42.1	30.0	0.4	9.4	100.0	1,139
Total	9.1	3.5	51.8	24.0	0.8	10.8	100.0	4,419

Notes: Respondents who are visitors in the household are excluded from this table. Respondents who stated that they were born outside of Indonesia and that they have always lived in their current place of residence were not asked about the reason for migration and are excluded from this table.

[1] Restricted to respondents who migrated within the last 5 years.

MARRIAGE AND SEXUAL ACTIVITY 4

Key Findings

- ***Marital Status:*** 68% of women age between 15-49 are married or living with a partner, while 4% are separated, divorced, or widowed.
- ***Age at first marriage:*** The median age at first marriage among women in the age group 25-49 in 21.7.
- ***Sexual Initiation:*** The median age at first intercourse is 22 among women in the age group 25-49. Median age at first sexual intercourse increases as household wealth increases.
- ***Marriage Registration:*** 98% of married women have their marriage registered with the civil authorities.

Marriage and sexual activity help determine the extent to which women are exposed to the risk of pregnancy. Thus, they are important determinants of fertility levels. The timing and circumstances of marriage and sexual activity, however, also have profound consequences for women's and men's lives.

4.1 MARITAL STATUS

Currently in union

Women and men who report being married or living together with a partner as though married at the time of the survey. In this report, the terms currently in union and currently married are used interchangeably except where noted.

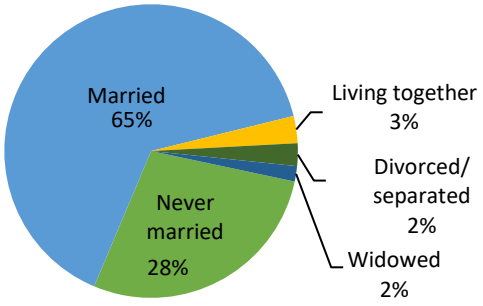
Sample: Women age 15-49.

Sixty-five percent of women are currently married, 3% live with a partner, 28% have never married, 3% are divorced or separated, and 2% are widowed. Three percent of women in group of age 15-19 are in a union. The highest percentage of women who are married or living together with a partner is among those age 35-39 (93%). Women who are divorced, separated, or widowed among those age 45-49 are the highest (9%) compared with 1% in age 20-24 as the lowest **(Table 4.1)**.

Trends: The proportion of women age 15-49 who are married or living together in the 2023-24 IDHS (68%) decreased compared with that in the 2017 IDHS (72%). The percentage of women age 15-19 who are in a union declined from 9% in the 2017 IDHS to 3% in the 2023 IDHS **(Figure 4.1)**.

Figure 4.1 Marital status

Percent distribution of women age 15-49



4.2 MARRIAGE REGISTRATION

Registered marriage
A woman whose marriage is registered with the civil authorities regardless of whether or not she has a marriage certificate.
Sample: Women age 15-49 who are currently in union.

In Indonesia, marriage is regulated by Law Number 1 of 1974 concerning Marriage, which has been amended by Law Number 16 of 2019. Article 2, paragraph (2) of said Law states that every marriage must be registered in accordance with applicable laws and regulations. After registration, the couple will receive official documents as proof of marriage.

Having an official marriage certificate is essential for various legal purposes, such as processing identity documents, inheritance rights, and other administrative needs (Garfes, 2022).

Ninety-eight percent of married women in Indonesia have their marriage registered with the civil authorities and 97% have an official marriage certificate **(Table 4.2)**.

4.3 AGE AT FIRST MARRIAGE

Median age at first marriage
Age by which half of the respondents have been married.
Sample: Women age 25-49.

The 2023-24 IDHS collected information on the age at which respondents began living together with their first spouse. This information was used to explore marriage patterns among all women.

The median age at first marriage among women age 25-49 is 21.7 years. For the same age group, 7% stated that they had never married **(Table 4.3)**.

Trends: The median age at first marriage among women age 25-49 has increased gradually from 17.7 years in the 1991 IDHS to 21.7 years in the 2023-24 IDHS.

Patterns by background characteristics

- Women age 25-49 living in urban areas marry 1.9 years later than those living in rural areas (22.6 versus 20.7 years) **(Table 4.4)**.
- Women who completed secondary education have the highest median age at first marriage among women age 25-49 with 22.6 years **(Table 4.4)**.
- Women in the highest wealth quintile have the highest median age at first marriage among women age 25-49 with 23.6 years.

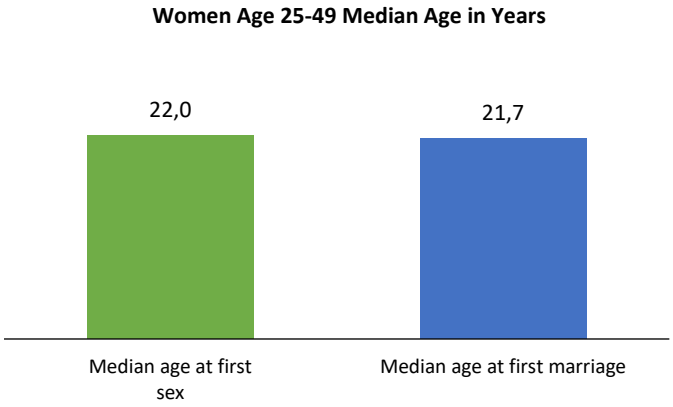
4.4 AGE AT FIRST SEXUAL INTERCOURSE

Median age at first sexual intercourse
Age by which half of respondents have had sexual intercourse.
Sample: Women age 25-49.

In assessing the results of the question, caution should be exercised because, in a conservative society such as Indonesia, respondents who have had premarital sex may not be willing to report the age at which sexual intercourse was initiated accurately.

- Eighteen percent of women age 25-49 had their first intercourse by age 18 **(Table 4.5)**.
- A comparison of the median age at first intercourse with the median age at first marriage can be used as a measure of the extent to which respondents engaged in sex before marriage. The median age at first sexual intercourse among women age 25-49 is 22 years, while the median age at first marriage is 21.7 years. This indicates that, in general, women have their first sexual intercourse after marriage **(Figure 4.2)**.

Figure 4.2 Median age at first sex and first marriage



Trends: The median age at first sexual intercourse among women age 25-49 has increased gradually from 17.7 years in the 1991 IDHS to 22 years in the 2023-24 IDHS.

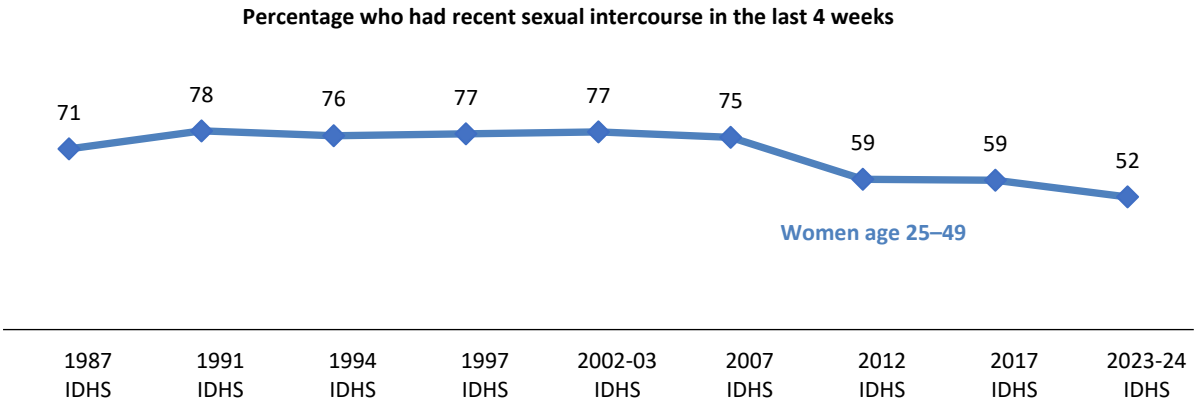
Patterns by background characteristics

- On average, rural women age 25-49 start having sex more than 2 years earlier than urban women (age 20.7 compared with age 22.8) **(Table 4.6)**.
- The median age at first sexual intercourse among women increases with increasing wealth. As shown in **Table 4.6**, the median age at first sexual intercourse increases from 20.8 years among women age 25-49 with the lowest quintile to 24 years among women with the highest quintile.
- Women who completed secondary education have the highest median age at first sexual intercourse among women age 25-49 with 22.8 years.

4.5 Recent Sexual Activity

- Fifty-two percent of women in the group age between 15 and 49 had sexual intercourse in the last 4 weeks before the survey was conducted. Thirteen percent reported having sexual intercourse within the year before the survey but not in the past month. About one in 4 women (28%) in the same age group mentioned that they never had sexual intercourse **(Table 4.7)**.
- The percentage of women age between 15-49 who had recent sexual intercourse in the last 4 weeks before the survey in the 2023-24 IDHS declined from 59% in the 2017 IDHS to 52% in the 2023-24 IDHS **(Figure 4.3)**.

Figure 4.3 Trends in recent sexual intercourse



LIST OF TABLES

For more information on marriage and sexual activity, see the following tables:

- **Table 4.1 Current marital status**
- **Table 4.2 Marriage registration**
- **Table 4.3 Age at first marriage**
- **Table 4.4 Median age at first marriage by background characteristics**
- **Table 4.5 Age at first sexual intercourse**
- **Table 4.6 Median age at first sexual intercourse according to background characteristics**
- **Table 4.7 Recent sexual activity**

Table 4.1 Current marital status

Percent distribution of women age 15-49 by current marital status, according to age, Indonesia DHS 2023-24

Age	Marital status							Percentage of respond-ents currently in union	Number of respond-ents
	Never married	Married	Living together	Divorced	Separated	Widowed	Total		
15-19	97.5	2.3	0.2	0.0	0.0	0.0	100.0	2.5	1,681
20-24	69.3	28.5	1.4	0.7	0.2	0.0	100.0	29.8	1,497
25-29	27.2	66.0	3.8	2.5	0.3	0.1	100.0	69.9	1,353
30-34	5.6	85.8	3.4	4.2	0.2	0.8	100.0	89.2	1,672
35-39	3.6	87.8	4.7	1.8	0.3	1.8	100.0	92.5	1,750
40-44	1.6	88.4	3.5	3.9	0.3	2.4	100.0	91.9	1,962
45-49	2.8	84.7	3.4	2.4	0.5	6.2	100.0	88.1	1,779
Total 15-49	28.1	64.7	2.9	2.3	0.2	1.7	100.0	67.7	11,695

Table 4.2 Marriage registration

Percentage of currently married women age 15–49 whose current marriage is registered with the civil authorities and percentage whose current marriage is registered with the civil authorities and have a marriage certificate, according to background characteristics, Indonesia DHS 2023–24

Background characteristic	Percentage whose current marriage is registered with the civil authority[1]	Percentage whose current marriage is registered with the civil authority and who have a marriage certificate	Number of currently married women[2]
Age			
15–19	(66.1)	(57.5)	38
20–24	94.8	89.6	426
25–29	98.1	97.3	894
30–34	98.6	98.1	1,435
35–39	99.1	97.6	1,537
40–44	98.3	96.3	1,734
45–49	98.1	96.3	1,508
Residence			
Urban	98.8	98.1	4,186
Rural	97.2	94.4	3,385
Wealth quintile			
Lowest	95.6	92.0	1,106
Second	97.5	94.5	1,439
Middle	98.5	97.4	1,578
Fourth	98.5	97.3	1,719
Highest	99.4	99.2	1,730
Total	98.1	96.5	7,571

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

[1] Includes currently married women with a marriage certificate for their current marriage.

[2] Excludes women who are living with a man as if married but did not report themselves as currently married.

Table 4.3 Age at first marriage

Percentage of women age 15–49 who were first married by specific exact ages and median age at first marriage, according to current age, Indonesia DHS 2023–24

	Percentage first married by exact age:					Percentage never married	Number of respondents	Median age at first marriage
Current age	15	18	20	22	25			
15–19	0.5	na	na	na	na	97.5	1,681	a
20–24	1.4	10.2	19.6	na	na	69.3	1,497	a
25–29	2.8	17.0	33.1	48.0	66.7	27.2	1,353	22.3
30–34	3.5	16.6	37.0	56.3	77.3	5.6	1,672	21.3
35–39	5.5	18.7	36.0	55.1	74.2	3.6	1,750	21.5
40–44	4.2	17.5	33.1	50.9	70.5	1.6	1,962	21.9
45–49	6.0	17.7	35.9	50.7	69.7	2.8	1,779	21.9
20–49	4.0	16.4	32.7	na	na	16.4	10,014	a
25–49	4.5	17.5	35.1	52.3	71.8	7.1	8,517	21.7

Note: The age at first marriage is defined as the age at which the respondent began living with her first spouse/partner.

na = Not applicable due to censoring.

a = Omitted because less than 50% of the women began living with their spouse or partner for the first time before reaching the beginning of the age group.

Table 4.4 Median age at first marriage by background characteristics

Median age at first marriage among women age 25-49, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Women age 25-49
Residence	
Urban	22.6
Rural	20.7
Education	
No education	21.5
Some primary	19.8
Completed primary	19.8
Some secondary	20.5
Completed secondary	22.6
Wealth quintile	
Lowest	20.8
Second	20.6
Middle	21.3
Fourth	21.8
Highest	23.6
Total	21.7

Note: The age at first marriage is defined as the age at which the respondent began living with her first spouse/partner

Table 4.5 Age at first sexual intercourse

Percentage of women age 15–49 who had first sexual intercourse by specific exact ages, percentage who never had sexual intercourse, and median age at first sexual intercourse, according to current age, Indonesia DHS 2023–24

	Percentage who had first sexual intercourse by exact age:					Percentage who never had intercourse		Median age at first intercourse
Current age	15	18	20	22	25		Number	
15–19	0.7	na	na	na	na	97.0	1,681	a
20–24	1.8	9.3	19.1	na	na	68.8	1,497	a
25–29	2.6	18.0	32.2	44.8	62.4	26.0	1,353	22.7
30–34	3.0	17.6	35.5	53.9	73.0	5.4	1,672	21.5
35–39	5.2	18.2	35.4	52.8	70.2	3.2	1,750	21.6
40–44	3.8	16.5	32.3	49.6	67.7	1.2	1,962	22.1
45–49	5.0	18.1	35.5	49.4	66.4	2.5	1,779	22.1
20–49	3.7	16.4	32.0	na	na	16.0	10,014	22.6
25–49	4.0	17.7	34.2	50.3	68.1	6.7	8,517	22.0
15–24	1.2	na	na	na	na	83.7	3,178	a

na = Not applicable due to censoring.

a = omitted because less than 50% of the respondents had sexual intercourse for the first time before reaching the beginning of the age group.

Table 4.6 Median age at first sexual intercourse according to background characteristics

Median age at first sexual intercourse among women age 25-49, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Women age 25-49
Residence	
Urban	22.8
Rural	20.7
Education	
No education	21.0
Some primary	19.6
Completed primary	20.0
Some secondary	20.7
Completed secondary	22.8
Wealth quintile	
Lowest	20.8
Second	20.9
Middle	21.4
Fourth	22.1
Highest	24.0
Total	22.0

Table 4.7 Recent sexual activity

Percent distribution of women age 15–49 by timing of last sexual intercourse, according to background characteristics, Indonesia DHS 2023–24

Background characteristic	Timing of last sexual intercourse: Within the last 4 weeks	Within 1 year[1]	One or more years	Missing	Never had sexual intercourse	Total	Number of women
Age							
15–19	2.3	0.7	0.0	0.0	97.0	100.0	1,681
20–24	22.8	6.5	1.9	0.0	68.8	100.0	1,497
25–29	55.7	12.3	5.6	0.4	26.0	100.0	1,353
30–34	74.4	12.4	7.6	0.3	5.4	100.0	1,672
35–39	72.0	16.6	8.2	0.0	3.2	100.0	1,750
40–44	71.3	16.3	10.9	0.2	1.2	100.0	1,962
45–49	58.2	21.8	17.3	0.3	2.5	100.0	1,779
Marital status							
Never married	0.4	0.4	1.0	0.0	98.3	100.0	3,283
Married or living together	76.4	18.2	5.2	0.2	0.0	100.0	7,915
Divorced/separated/widowed	2.7	5.5	91.7	0.1	0.0	100.0	497
Duration of current union[2]							
< 1 year	79.8	18.5	1.7	0.0	0.0	100.0	155
1–4 years	74.7	21.4	4.0	0.0	0.0	100.0	794
5–9 years	82.4	14.6	2.9	0.0	0.0	100.0	1,308
10–14 years	78.8	15.4	5.2	0.6	0.1	100.0	1,723
15–19 years	80.1	15.6	4.4	0.0	0.0	100.0	1,526
20–24 years	76.2	18.4	5.1	0.4	0.0	100.0	1,373
25+ years	60.3	28.5	10.7	0.5	0.0	100.0	1,037
Residence							
Urban	50.3	11.8	7.8	0.0	30.1	100.0	6,704
Rural	54.1	13.7	7.5	0.4	24.2	100.0	4,991
Education							
No education	46.8	10.8	11.0	0.1	31.3	100.0	347
Some primary	57.0	20.4	13.7	1.2	7.7	100.0	398
Completed primary	62.8	20.6	11.7	0.4	4.5	100.0	2,436
Some secondary	47.1	11.1	6.7	0.2	35.0	100.0	3,034
Completed secondary	48.4	10.0	6.7	0.0	34.9	100.0	3,912
More than secondary	53.0	8.4	3.3	0.0	35.3	100.0	1,568
Wealth quintile							
Lowest	46.3	15.7	10.6	0.8	26.6	100.0	1,792
Second	49.3	14.1	10.7	0.0	25.9	100.0	2,254
Middle	53.1	12.9	7.4	0.2	26.3	100.0	2,371

Fourth	53.4	11.9	5.9	0.0	28.8	100.0	2,649
Highest	55.3	9.9	5.1	0.0	29.7	100.0	2,629
Total	51.9	12.6	7.7	0.2	27.6	100.0	11,695

[1] Excludes women who had sexual intercourse within the last 4 weeks.
[2] Excludes women who are not currently married.

FERTILITY 5

Key Findings

- ***Children ever born and living:*** The average number of children ever born and living children to women 15-49 is 1.4 children.
- ***Birth interval:*** The median birth interval is 70 months.
- ***Age at first birth:*** The median age at first birth among women aged 25-49 is 23.7 years.
- ***Teenage pregnancy:*** 2% of women aged 15-19 have ever been pregnant and 1% are already mothers.

The number of children that a woman bears depends on many factors, including the age she begins childbearing, how long she waits between births, and her fecundity. Postponing first births and extending the interval between births have played a role in reducing fertility levels in many countries. These factors also have positive health consequences. In contrast, short birth intervals (of less than 24 months) could lead to harmful outcomes for both newborns and their mothers, such as preterm birth, low birth weight, and death. Childbearing at a very young age is associated with an increased risk of complications during pregnancy and childbirth and higher rates of neonatal mortality.

This chapter describes the current level of fertility in Indonesia and some of its proximate determinants. It presents information on the total fertility rate, birth intervals, insusceptibility to pregnancy (because of postpartum amenorrhea, postpartum abstinence, or menopause), age at first birth, teenage pregnancy, and induced abortion rates.

5.1 CURRENT FERTILITY[1]

Total fertility rate

The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates. Age-specific fertility rates are calculated for the 3 years before the survey, based on detailed pregnancy histories provided by women.

Sample: Women aged 15-49.

Total Fertility Rate (TFR) are not present in this report. Preliminary assessments suggest the presence of potential non-random bias and possible errors in data collection that may compromise the validity of the estimates. For a complete explanation can be seen on Appendix A.

[1]Two estimation methods are used to estimate TFR, which resulted in similar TFR estimates of 1.88 and 1.89. In brief, the methods compare reported parity (children ever born, CEB) across two successive surveys (2017 and 2023-2024) with retrospective birth history data to infer levels of omission. Detailed estimation can be seen in Appendix A.

5.2 Children Ever Born and Living

The 2023-24 IDHS also collected information on the number of children ever born to women age 15-49 and those still surviving by the time of the survey. The average number of children ever born and the average number of living children to women 15-49 is 1.4 children.

The number of children ever born increases with age. Most women under age 15-19 and 20-24 have no children, while women in their thirties have two children. Women aged 45-49 have an average of two children (**Table 5.1**).

5.3 Birth Intervals

Median birth interval
Number of months since the preceding birth by which half of children are born.
Sample: Non-first births in the 5 years before the survey.

Birth intervals are associated with morbidity and mortality risk. Children born too soon after the previous birth have a greater risk of death, especially if the distance between two births is less than 24 months. If the birth distance is too close, it can disrupt the mother's health.

The 2023-24 IDHS shows that the median birth interval in Indonesia is 69 months. This means that more than half of first-born births occur more than 5 years after the previous birth. Although the average birth interval is relatively long, 57% of births occur more than 60 months after the last birth, 13% occur between 24 and 35 months after the previous birth, and 8% occur less than 24 months after the previous birth (**Table 5.2**).

Trends: The median birth interval has increased steadily in the last decade, from 60.2 months in the 2012 IDHS, 64.6 months in the 2017 IDHS, and 69.3 months in the 2023-24 IDHS.

Patterns by background characteristics

- The median birth interval among women aged 20-29 years is 48 months.
- The median birth interval in urban areas is 64 months.
- The median birth interval among women in the lowest and highest wealth quintiles is 59 months.

5.4 INSUSCEPTIBILITY TO PREGNANCY

Postpartum amenorrhea

The period of time after the end of a pregnancy and before the resumption of menstruation.

Postpartum abstinence

The period of time after the end of a pregnancy and before the resumption of sexual intercourse.

Postpartum insusceptibility

The period of time during which a woman is considered not at risk of pregnancy because she is postpartum amenorrheic and/or abstaining from sexual intercourse postpartum.

Median duration of postpartum amenorrhea

Number of months after the end of a pregnancy by which time half of women have begun menstruating.

Sample: Women who had a live birth or stillbirth in the 3 years before the survey.

Median duration of postpartum insusceptibility

Number of months after the end of a pregnancy by which time half of women are no longer protected against pregnancy by either postpartum amenorrhea or abstinence from sexual intercourse.

Sample: Women who had a live birth or stillbirth in the 3 years before the survey.

Among births in the three years preceding the survey, the median duration of postpartum amenorrhea is 3.0 months, while the median duration of postpartum abstinence is 3.8 months. Overall, women are insusceptible to pregnancy after childbirth for a median duration of 6.8 **(Table 5.3)**. Almost all women (94%) are insusceptible to pregnancy during the first two months following childbirth. The majority (82%) of Indonesia women abstain from sex during the first two months following a birth.

Trends: The median duration of postpartum amenorrhea in the 2023-24 IDHS was the same as in the 2017 IDHS (3.0 months). The median duration of postpartum abstinence increased from 2.8 months to 3.8 months. Overall, the median duration of insusceptibility increased from 4.2 months in the 2017 IDHS to 6.8 months in the 2023-24 IDHS.

Patterns by background characteristics

- Women below age 30 have a period of postpartum insusceptibility 2 times shorter than women aged 30 and older (4.4 months and 10.4 months, respectively) **(Table 5.4)**.
- Women living in rural areas also have only a slightly shorter duration of postpartum insusceptibility than urban women (4.8 months and 6.6 months, respectively).
- Women living in urban areas have a slightly shorter duration of postpartum abstinence than rural women (3.7 months and 4.0 months, respectively).

5.5 AGE AT FIRST MENSTRUATION

Menstruation is the monthly shedding of the lining of your uterus or endometrium, and the passing of blood and tissue from the uterus through the vagina, also known by the terms period. Menstruation usually between the age of 11 and lasts from three to five days.

The highest percentage of women who had their first menstruation are at age 13 (26%), followed by at age 12 (23%) and at age 14 (19%). The mean age at menarche across the age is around age 13 **(Table 5.5)**.

5.6 Arrival of Menopause

Menopause

Women are considered to have reached menopause if they are neither pregnant nor postpartum amenorrheic and have not had a menstrual period in the 6 months before the survey, if they report being menopausal or having had a hysterectomy, or if they have never menstruated.

Sample: Women aged 30-49.

Another factor influencing the risk of pregnancy among women is menopause. Menopause is the final stage of ovarian physiology in women and represents a time when reproductive function is lost due to complete depletion of the finite ovarian follicle supply. The percentage of menopausal women increases with age, from 6% among women aged 30-34 to 26% among women aged 48-49 **(Table 5.6)**.

5.7 Age at First Birth

Median age at first birth

Age by which half of women have had their first child.

Sample: Women aged 20-49 and 25-49.

One of the factors that determine the fertility rate in a population is the average age at first birth. Women who marry early are usually exposed to pregnancy for a more extended period. In addition, mothers who give birth at a young age have high health risks.

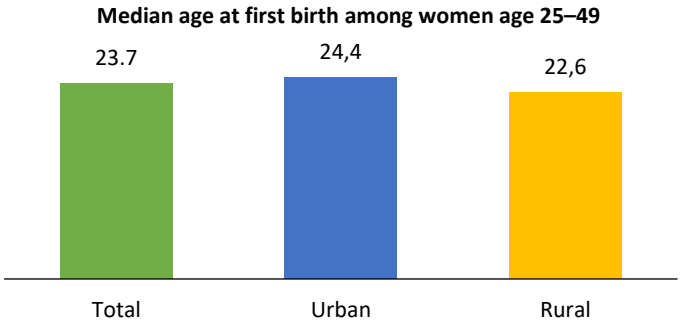
The median age at first birth for women aged 25-49 is 24 years (**Table 5.7**). The figure is slightly different from the 2017 IDHS (22 years).

Fifty-nine percent women aged 25-49 gave birth at the age of 25, but there were still 8% of women who gave birth for the first time under the age of 20. Sixty-eight percent women aged 30-34 years old gave birth for the first time at the age of 25.

Patterns by background characteristics

- Women aged 25-49 in urban areas give birth for the first time on average 18 months later than women in rural areas (24.4 years versus 22.6 years) (**Table 5.8 and Figure 5.1**).
- The median age at first birth increases with wealth quintile. For example, the median age at first birth increases from 22.6 years among women in the lowest quintile to 23.6 years among women in the fourth quintile (**Table 5.8**).

Figure 5.1 Median age at first birth by residence



- The median age at first birth increases from 22 years for women with completed primary to 24 for women with completed secondary education.

5.8 Teenage Pregnancy

Teenage pregnancy
Percentage of women aged 15-19 who have ever been pregnant.
Sample: Women aged 15-19.

The issue of adolescent fertility is important for both health and social reasons because of its association with higher morbidity and mortality for both the mother and child. Teenage mother, especially those under age 18, are more likely to experience adverse pregnancy outcomes and maternity-related mortality than more mature women. In addition, early childbearing limits a teenager's ability to pursue educational opportunities and could limit access to job opportunities.

The 2023-24 IDHS finding shows that 2% of adolescents have been pregnant, 1% either have ever had a live birth and are currently pregnant **(Table 5.9)**.

Patterns by background characteristics

- The proportion of teenagers who have started having children increases with age. While only less than 1% of women aged 15 have started childbearing, 4% of women aged 19 have been ever pregnant **(Table 5.9)**.
- Women aged 15-19 who have ever been pregnant are more likely to be in rural areas than in urban areas (2.3% compared to 1.1%) **(Table 5.9)**.
- By wealth status, the proportion of teenagers who have ever had a live birth varies from a high of 2% among those living in household in the lowest wealth quintile and none among those living in the household in the highest quintile **(Table 5.9)**.

5.9 Pregnancy Outcomes and Induced Abortion Rates

Pregnancy outcomes
Live birth: a child who was born alive, even if for a very short time.
Stillbirth: child who was born dead (no signs of life) following a pregnancy that lasted 7 months (28 weeks) or longer.
Miscarriage: a pregnancy that ended involuntarily before completing 7 months (28 weeks).
Induced abortion: a pregnancy that was voluntarily ended.
***Sample*:** Pregnancies among women age 15–49 ending in the 3 years preceding the survey.

The 2023-24 IDHS also collects information on the percentage of pregnancies ending in live births, stillbirth and miscarriages experienced by women aged 15-49 years. The finding shows that 92% of women have a live birth, 1% have given stillbirth and 7% had experienced a miscarriage **(Table 5.10)**.

Patterns by background characteristics

- The percentage of women in rural areas experiencing live births is higher than those living in urban areas (93% compared to 91%).
- Miscarriage is most common in wealthier household: 10% of women in the highest wealth quintile have had a miscarriage, compared to 5% of women in the lowest quintile.

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For more information on fertility levels and some of the determinants of fertility, see the following tables:

- **Table 5.1 Children Ever Born and Living**
- **Tabel 5.1.1 Current Fertility (explanation in Appendix A)**
- **Table 5.2 Birth Interval**
- **Table 5.3 Postpartum Amenorrhea, Abstinence and Insusceptibility**
- **Table 5.4 Media Duration of Amenorrhea, Postpartum Abstinence, and Postpartum Insusceptibility**
- **Table 5.5 Age at first menstruation**
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- **Table 5.7 Age at First Birth**
- **Table 5.8 Median Age at First Birth**
- **Table 5.9 Teenage Pregnancy**
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Table 5.1 Children ever born and living

Percent distribution of all women and currently married women age 15-49 by number of children ever born, mean number of children ever born and mean number of living children, according to age group, Indonesia DHS 2023-24

	Number of children ever born														
Age group	0	1	2	3	4	5	6	7	8	9	10+	Total	Number of women	Mean number of children ever born	Mean number of living children
								ALL WOMEN							
15-19	98.9	0.9	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,681	0.01	0.01
20-24	77.8	19.0	3.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,497	0.26	0.25
25-29	36.5	35.7	22.8	4.3	0.7	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,353	0.97	0.96
30-34	12.0	24.5	46.3	13.5	3.2	0.5	0.1	0.0	0.0	0.0	0.0	100.0	1,672	1.73	1.70
35-39	8.6	14.6	45.5	22.7	7.0	1.2	0.2	0.1	0.0	0.0	0.0	100.0	1,750	2.10	2.08
40-44	4.9	19.1	39.2	25.7	7.8	2.0	1.0	0.3	0.1	0.0	0.0	100.0	1,962	2.25	2.21
45-49	6.3	23.5	35.6	23.6	6.9	2.3	1.3	0.2	0.2	0.0	0.0	100.0	1,779	2.16	2.11
Total	33.2	19.2	28.5	13.7	3.9	0.9	0.4	0.1	0.0	0.0	0.0	100.0	11,695	1.41	1.39
								CURRENTLY MARRIED WOMEN							
15-19	(56.5)	(34.5)	(9.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	42	(0.52)	(0.46)
20-24	27.4	62.0	9.9	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	446	0.84	0.83
25-29	13.1	48.0	31.6	6.2	1.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	945	1.34	1.33
30-34	6.8	24.4	50.0	14.8	3.3	0.5	0.1	0.0	0.0	0.0	0.0	100.0	1,492	1.85	1.82
35-39	5.0	14.7	47.7	23.5	7.4	1.3	0.3	0.2	0.0	0.0	0.0	100.0	1,619	2.19	2.17
40-44	3.5	17.5	40.5	26.9	8.2	2.1	1.0	0.3	0.1	0.0	0.0	100.0	1,803	2.31	2.27
45-49	3.6	23.8	36.3	25.1	6.7	2.5	1.4	0.2	0.2	0.0	0.0	100.0	1,567	2.23	2.19
Total	7.3	25.7	40.0	19.5	5.5	1.3	0.6	0.2	0.1	0.0	0.0	100.0	7,915	1.98	1.95

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

Table 5.1.1 Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the 3 years preceding the survey, by residence, Indonesia DHS 2023-24

	Residence		
Age group	Urban	Rural	Total
10-14	0	2	1
15-19	8	12	9
20-24	56	71	62
25-29	107	107	107
30-34	85	76	81
35-39	47	52	49
40-44	17	15	16
45-49	2	1	2
TFR (15-49)	1.6	1.7	1.6
GFR	50	54	52
CBR	11	11	11

Notes: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates are for the period 1-36 months preceding the interview. Rates for the 10-14 age group are based on retrospective data from women age 15-17.

TFR: Total fertility rate expressed per woman.

GFR: General fertility rate expressed per 1,000 women age 15-44.

CBR: Crude birth rate, expressed per 1,000 population.

Table 5.2 Birth interval

Percent distribution of non-first live births in the 5 years preceding the survey by number of months since preceding live birth, and median number of months since preceding live birth, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Months since preceding live birth						Total	Number of non-first live births	Median number of months since preceding live birth
	7-17	18-23	24-35	36-47	48-59	60+			
Mother's age									
15-19	*	*	*	*	*	*	100.0	4	*
20-29	7.7	5.8	23.9	12.3	12.2	38.1	100.0	404	48.4
30-39	3.3	3.9	11.4	9.3	12.6	59.5	100.0	1,442	a
40-49	0.9	2.8	9.5	5.2	9.6	72.0	100.0	342	a
Sex of preceding birth									
Male	3.9	4.7	10.4	9.5	10.7	60.8	100.0	1,159	a
Female	3.8	3.5	16.7	8.8	13.5	53.7	100.0	1,032	64.0
Survival of preceding birth									
Living	3.7	4.0	13.1	9.1	12.2	58.0	100.0	2,148	69.8
Dead	(11.5)	(10.6)	(26.4)	(15.7)	(4.7)	(31.1)	100.0	43	(40.6)
Birth order									
2-3	3.9	3.2	12.0	8.7	11.7	60.4	100.0	1,889	a
4-6	3.5	9.3	22.2	11.9	14.1	39.0	100.0	296	50.2
7+	*	*	*	*	*	*	100.0	6	*
Residence									
Urban	3.7	4.7	14.3	10.4	12.1	54.9	100.0	1,246	64.3
Rural	4.1	3.4	12.1	7.7	11.9	60.8	100.0	945	a
Mother's education									
No education	8.1	4.6	15.8	5.1	22.5	43.9	100.0	46	58.3
Some primary	3.4	1.4	22.9	8.0	19.8	44.5	100.0	89	53.8
Completed primary	2.5	3.5	8.0	3.5	8.4	74.0	100.0	501	a
Some secondary	3.3	2.4	8.9	7.5	12.5	65.3	100.0	523	a
Completed secondary	2.6	5.0	15.5	12.4	11.7	52.7	100.0	710	63.4
More than secondary	9.0	6.5	21.4	14.5	13.8	34.8	100.0	323	46.7
Wealth quintile									
Lowest	5.1	4.6	17.5	10.4	13.0	49.4	100.0	409	59.0
Second	3.3	5.2	12.8	8.4	11.7	58.6	100.0	451	a

Middle	1.5	4.1	9.4	7.7	10.1	67.3	100.0	479	a
Fourth	2.3	3.2	10.5	9.1	13.0	61.9	100.0	421	a
Highest	7.5	3.3	17.4	10.7	12.6	48.5	100.0	432	58.9
Total	3.9	4.1	13.4	9.2	12.0	57.4	100.0	2,191	69.3

Note: First-order live births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[a] Omitted because more than 50% of women had a birth interval of more than 70 months.

Table 5.3 Postpartum amenorrhea, abstinence, and insusceptibility

Percentage of live births and stillbirths in the 3 years preceding the survey for which mothers are postpartum amenorrheic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Indonesia DHS 2023-24

	Percentage of births for which the mother is:			
Months since birth	Amenorrheic	Abstaining	Insusceptible[1]	Number of births[2]
< 2	81.2	82.0	93.6	85
2-3	47.1	61.5	73.8	60
4-5	15.7	30.4	36.7	77
6-7	49.4	27.9	54.2	94
8-9	39.5	35.0	56.1	84
10-11	27.8	20.8	44.3	83
12-13	33.2	25.0	44.3	70
14-15	33.8	19.9	45.4	72
16-17	48.3	18.3	56.8	97
18-19	21.2	18.6	34.4	110
20-21	33.7	28.0	47.4	59
22-23	13.5	26.9	30.1	67
24-25	13.9	21.6	32.6	78
26-27	16.5	19.3	30.8	100
28-29	34.1	36.1	47.1	116
30-31	30.8	27.1	41.4	95
32-33	13.0	17.2	26.1	94
34-35	10.9	17.8	25.2	87
Total	31.2	29.0	45.1	1,530
Median	3.0	3.8	6.8	na
Mean	12.3	11.7	17.4	na

Note: Estimates are based on status at the time of the survey.

na = Not applicable.

[1] Includes live births and stillbirths for which mothers are either still amenorrheic or still abstaining (or both) following birth.
[2] Includes live birth and stillbirths.

Table 5.4 Median duration of amenorrhea, postpartum abstinence, and postpartum insusceptibility

Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility following live births and stillbirths in the 3 years preceding the survey, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptibility [1]
Mother's age			
15-29	3.4	3.9	4.4
30-49	(2.5)	3.3	10.4
Residence			
Urban	3.1	3.7	6.6
Rural	(2.8)	4.0	4.8
Mother's education			
No education	*	(4.2)	(4.7)
Some primary	a	a	a
Completed primary	*	(3.9)	(4.2)
Some secondary	*	a	(12.2)
Completed	(2.8)	3.9	9.2

secondary			
More than secondary	(4.8)	*	6.1
Wealth quintile			
Lowest	a	(5.2)	14.0
Second	a	(4.6)	(6.2)
Middle	10.4	(4.0)	(12.9)
Fourth	*	*	(3.2)
Highest	(3.5)	(3.6)	(7.6)
Total	3.0	3.8	6.8

Note: Medians are based on the status at the time of the survey (current status). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates the figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth.

[a] Omitted because less than 50% of months reported.

Table 5.5 Age at first menstruation

Percent distribution of women age 15-49 by age at menarche, and mean age at menarche, according to current age, Indonesia

DHS 2023-24

	Age at menarche												
Current age	≤10	11	12	13	14	15	≥16	Don't know	Percentage who have never menstruated	Total	Number of women	Mean age at menarche	Number of women who have ever menstruated[1]
15-19	1.6	9.6	27.	27.	20.	9.0	3.0	0.5	1.0	100.	1,681	13.	1,655

			4	8	1					0		0	
			22.	31.	18.	17.				100.		13.	
20-24	1.3	5.0	3	7	7	0	3.4	0.5	0.1	0	1,497	3	1,487
			20.	26.	20.	19.				100.		13.	
25-29	1.8	6.2	0	0	1	2	4.8	1.6	0.3	0	1,353	4	1,328
			22.	25.	17.	17.				100.		13.	
30-34	1.6	4.9	1	9	8	8	7.3	2.5	0.1	0	1,672	5	1,629
			22.	24.	19.	16.				100.		13.	
35-39	1.4	5.2	7	4	9	9	5.9	3.0	0.7	0	1,750	4	1,686
			19.	26.	18.	16.				100.		13.	
40-44	2.3	4.0	9	3	9	9	8.2	3.1	0.3	0	1,962	5	1,894
			22.	23.	17.	19.				100.		13.	
45-49	1.8	6.0	8	2	5	0	5.6	3.9	0.1	0	1,779	4	1,707
			22.	26.	19.	16.				100.		13.	11,38
Total	1.7	5.8	5	3	0	5	5.6	2.3	0.4	0	11,695	4	6

[1] Number of women who gave a numeric response.

Table 5.6 Menopause

Percentage of women age 30-49 who are menopausal, according to age, Indonesia DHS 2023-24

Age	Percentage menopausal[1]	Number of women
Age		
30-34	6.4	1,672
35-39	7.9	1,750
40-41	11.3	782
42-43	7.9	835
44-45	14.5	765
46-47	22.6	694
48-49	26.3	666
Total	11.7	7,164

[1] Percentage of women who 1) are not pregnant, and 2) have had a birth in the past 5 years and are not postpartum amenorrheic, and 3) for whom one of the following additional conditions applies: a) whose last menstrual period occurred 6 or more months preceding the survey, or b) declared that they are in menopause or have had a hysterectomy, or c) have never menstruated.

Table 5.7 Age at first birth

Percentage of women age 15-49 who had a live birth by exact ages, percentage who have never had a live birth, and median age at first live birth, according to current age, Indonesia DHS 2023-24

	Percentage who had a live birth by exact age					Percentage who have never had a live birth	Number of women	Median age at first live birth
Current age	15	18	20	22	25			
15-19	0.2	na	na	na	na	98.9	1,681	a
20-24	0.3	5.9	12.3	na	na	77.8	1,497	a
25-29	1.1	6.5	21.7	36.9	55.2	36.5	1,353	23.9
30-34	1.3	7.4	22.2	43.4	68.1	12.0	1,672	22.7
35-39	1.3	6.9	22.3	39.7	65.6	8.6	1,750	23.1
40-44	0.6	7.6	19.7	36.5	58.8	4.9	1,962	23.9
45-49	1.5	6.2	14.9	30.4	49.0	6.3	1,779	25.2
20-49	1.0	6.8	18.9	na	na	22.2	10,014	a
25-49	1.2	6.9	20.1	37.3	59.4	12.4	8,517	23.7

na = Not applicable due to censoring.
a = Omitted because less than 50% of women had a birth before reaching the beginning of the age group.

Table 5.8 Median age at first birth

Median age at first live birth among women age 25-49 years, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Women age 25-49
Residence	
Urban	24.4
Rural	22.6
Education	
No education	21.9
Some primary	23.1

Completed primary	21.9
Some secondary	22.2
Completed secondary	24.2
More than secondary	a
Wealth quintile	
Lowest	22.6
Second	22.7
Middle	23.4
Fourth	23.6
Highest	a
Total	23.7

a = Omitted because less than 50% of the women had a birth before reaching the beginning of the age group.

Table 5.9 Teenage pregnancy

Percentage of women age 15–19 who have ever had a live birth, percentage who have ever had a pregnancy loss, percentage who are currently pregnant, and percentage who have ever been pregnant, according to background characteristics, Indonesia DHS 2023–24

Background characteristic	Percentage of women age 15–19 who: Have ever had a live birth	Have ever had a pregnancy loss[1]	Are currently pregnant	Have ever been pregnant	Number of women
Age					
15	0.1	0.0	0.8	0.9	353
16	0.8	0.0	0.0	0.8	353
17	1.1	0.0	0.0	1.1	332
18	1.4	0.0	0.2	1.7	347
19	2.2	0.1	1.5	3.7	295
Residence					
Urban	0.7	0.0	0.4	1.1	1,000
Rural	1.7	0.0	0.6	2.3	681
Education					
No education	(7.9)	(0.0)	(0.0)	(7.9)	44
Some primary	*	*	*	*	17
Completed primary	(11.1)	(0.0)	(0.0)	(11.1)	35
Some secondary	0.8	0.0	0.1	0.9	948
Completed	0.4	0.1	0.8	1.2	544

secondary					
More than secondary	0.0	0.0	0.0	0.0	92
Wealth quintile					
Lowest	1.9	0.0	1.6	3.4	283
Second	1.7	0.0	0.0	1.7	319
Middle	1.4	0.0	0.8	2.1	348
Fourth	0.7	0.0	0.2	1.0	356
Highest	0.0	0.1	0.0	0.1	374
Total	1.1	0.0	0.5	1.6	1,681

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Stillbirth, miscarriage, or abortion.

Table 5.10 Pregnancy outcome by background characteristics

Percent distribution of pregnancies ending in the 3 years preceding the survey by type of outcome, according to background characteristics, Indonesia DHS 2023-24

	Pregnancy outcome					
Background characteristic	Live birth	Stillbirth [1]	Miscarriage [2]	Induced abortion	Total	Number of pregnancies
Age at pregnancy outcome						
<20	97.1	0.0	2.9	0.0	100.0	51
20-24	89.2	0.5	10.0	0.3	100.0	307
25-34	93.2	1.0	5.7	0.0	100.0	903
35-44	90.1	0.7	9.2	0.0	100.0	393
45-49	*	*	*	*	100.0	10

Pregnancy order						
First	91.9	1.4	6.7	0.0	100.0	367
Second	92.9	0.3	6.6	0.2	100.0	652
Third	93.1	1.0	5.9	0.0	100.0	373
Fourth	88.6	0.9	10.5	0.0	100.0	198
Fifth or higher	81.3	1.2	17.5	0.0	100.0	75
Residence						
Urban	90.7	0.8	8.6	0.0	100.0	931
Rural	93.0	0.9	6.0	0.1	100.0	734
Education						
No education	(93.7)	(2.4)	(3.9)	(0.0)	100.0	28
Some primary	93.2	1.5	5.2	0.0	100.0	57
Completed primary	91.6	0.8	7.6	0.0	100.0	342
Some secondary	92.0	0.3	7.4	0.3	100.0	335
Completed secondary	90.5	1.2	8.3	0.0	100.0	632
More than secondary	93.7	0.2	6.1	0.0	100.0	271
Wealth quintile						
Lowest	93.8	1.1	4.8	0.3	100.0	347
Second	89.5	0.6	9.8	0.0	100.0	315
Middle	94.9	0.5	4.6	0.0	100.0	341
Fourth	90.4	1.5	8.1	0.0	100.0	354
Highest	89.5	0.1	10.4	0.0	100.0	308
Total	91.7	0.8	7.4	0.1	100.0	1,665

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

[1] Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal death in pregnancies lasting 7 or more months.

[2] Miscarriages are fetal deaths in pregnancies lasting less than 28 weeks. When pregnancy duration is reported in months, miscarriages are fetal death in pregnancies lasting less than 7 months.

FERTILITY PREFERENCES 6

Key Findings

- ***Desire for Another Child:*** 13% of married women age15-49 years stated that they wanted to have another child soon, and 10% indicated that they wanted to have another child 2 or more years later.
- ***Limiting Childbearing:*** About 48% of women do not want to have any more children and have been sterilized.
- ***Ideal Family Size:*** The ideal family size of children for all women aged 15-49 years is lower than for married women aged 15-49 years, with 2.3 and 2.4 children, respectively.
- ***Unwanted birth:*** Of all births in the last 5 years and the current pregnancy, 88% were wanted at the time, 4% were wanted later, and 8% were unwanted.

Information on fertility preferences can help family planning program planners assess the desire for children, the extent of mistimed and unwanted pregnancies, and the demand for contraception to space or limit births. This information suggests the direction that fertility patterns could take in the future. This chapter presents information on whether and when married women and men want more children, their ideal family size, whether the last birth was wished, and the theoretical fertility rate if all unwanted births were prevented.

6.1 DESIRE FOR ANOTHER CHILD

Desire for another child

Women were asked whether they wanted more children and, if so, how long they would prefer to wait before the birth of the next child. Women who are sterilized are assumed not to want any more children.

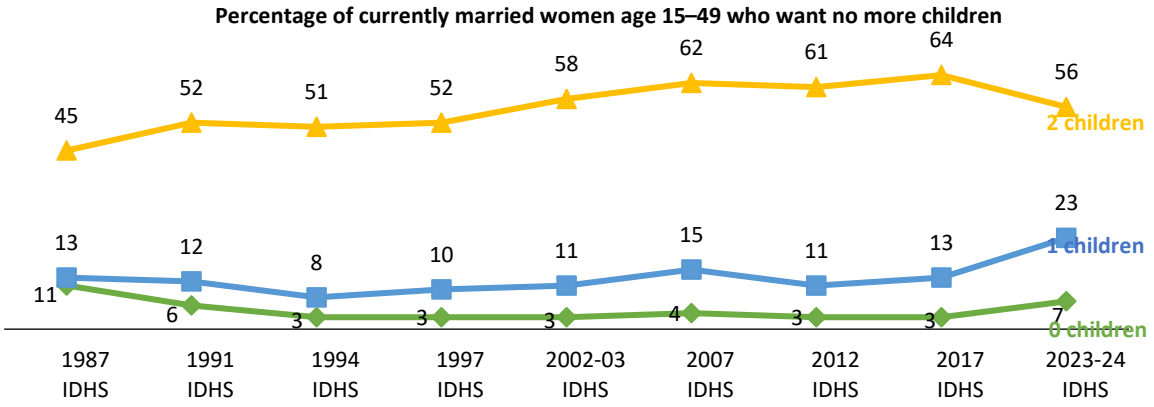
Sample: Currently married women age 15-49.

Thirteen percent of married women age 15-49 stated that they wanted to have another child soon, and 10% indicated that they wanted to have another child later and would wait for 2 or more years. Almost half of the women (44%) stated that they did not want any more children or are sterilized **(Table 6.1)**.

Table 6.2 shows that 56% of women with two children want no more children or are sterilized. Similarly, 23% of women with one child want no more children or are sterilized. About 6% of women with no children do not have the desire to have any children.

Trends: The proportion of married women age 15-49 with 0 to 2 living children who want to have another child has fluctuated since 1987. Among those women who have not had any children the desire to limit children remain at 3% till 2017 IDHS, which increased to 7% in 2023-24 IDHS. For women who have one child, in the 1987 IDHS, it was 13%, which hovered at this rate till 2017 and, increased to 23% in the 2023-2024 IDHS. Meanwhile, for women who have two children, in the 1987 IDHS, it was 45%, and in the 2023-2024 IDHS, it increased to 56% **(Table 6.2 and Figure 6.1)**.

Figure 6.1 Trends in desire to limit childbearing by number of living children



Patterns by background characteristics

- The more children a woman has, the more likely she is not to want any more children. Six in 10 (62%) married women age 15-49 with six or more children do not want any more children or have been sterilized, compared to 23 percent of married women with one child **(Table 6.2)**.
- Urban married women age 15-49 are more likely to have the desire to limit their births than those in rural areas (**Table 6.2**).
- The higher the level of wealth of women, the higher the percentage who stated that they did not want more children **(Table 6.2)**. For instance, 43% of women in the lowest wealth quintile mentioned they did not want any more children compared with 51% of those in the highest wealth quintile.

6.2 IDEAL FAMILY SIZE

Ideal family size

Respondents with no children were asked "If you could choose exactly the number of children to have in your whole life, how many would that be?" Respondents who had children were asked "If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?".

Sample: Women age 15-49.

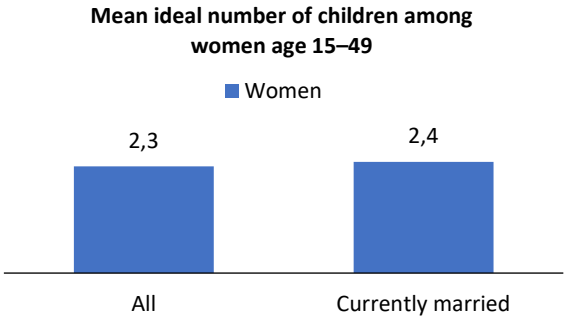
The ideal family size of children for all women age 15-49 years is slightly lower than for married women age 15-49 years, with 2.3 and 2.4 children, respectively **(Table 6.3 and Figure 6.2)**.

Trends: The ideal family size of children for all women age 15-49 years fell from 2.8 children in the 2007 IDHS to 2.6 in the 2012 IDHS and 2017 IDHS and fell again in the 2023-2024 IDHS to 2.3 children.

Patterns by background characteristics

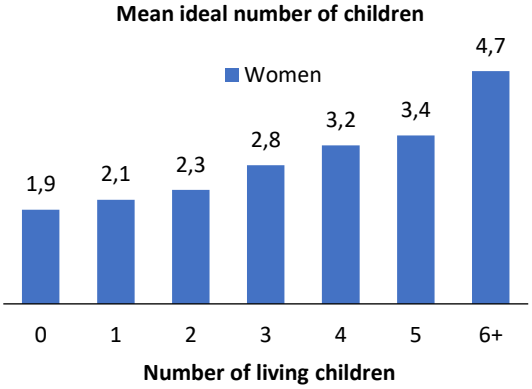
- Younger women age 15-19 have the least mean number of children at 1.8 as against those age 30 and above whereby it increases to 2.4-2.5 **(Table 6.4)**.

Figure 6.2 Ideal family size



- The more children a woman has, the more children she considers ideal. For example, the ideal number of children according to women who do not have children is 1.9, while according to women who have six or more children, it is 4.7 **(Table 6.3 and Figure 6.3)**.

Figure 6.3 Ideal family size by number of living children



- For women age 15-49 years, the ideal number of children increases for women with completed primary education and decreases until completed secondary and increases again for women with more than secondary education. The higher the wealth quintile, the more children are considered ideal **(Table 6.4, Figure 6.4 and Figure 6.5)**.

Figure 6.4 Ideal family size by education

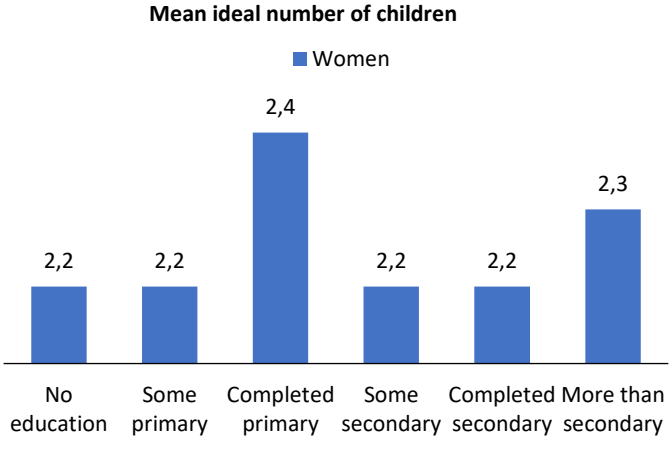
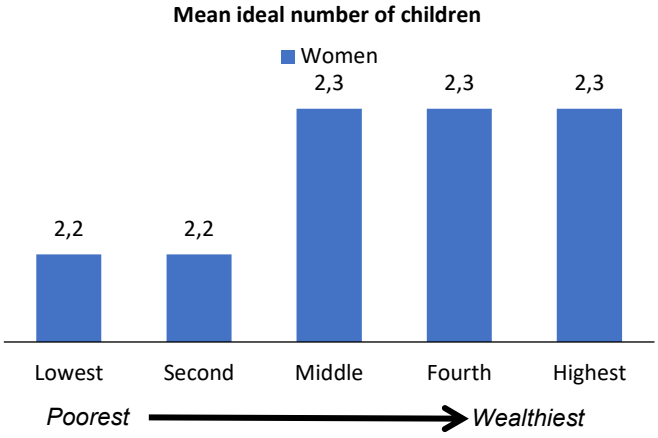


Figure 6.5 Ideal family size by wealth



6.3 FERTILITY PLANNING STATUS

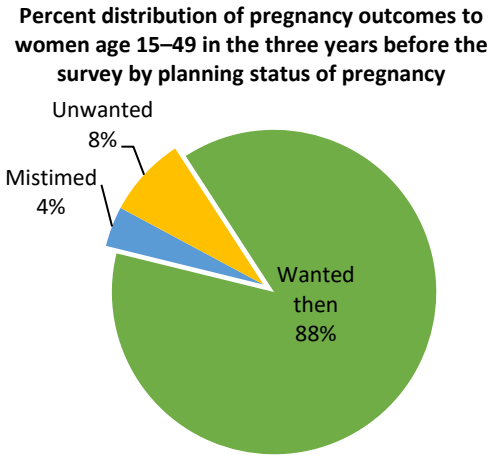
Planning status of births/pregnancies

Women reported whether their births/pregnancies were wanted at the time (planned birth), at a later time (mistimed birth), or not at all (unwanted birth).

Sample: Current pregnancies and live births in the 3 years before the survey among women age 15-49 and all pregnancy outcomes in the 3 years before the survey among women age 15-49.

About 9 out of 10 pregnancies (88%) were wanted at the time, 4% were wanted later, and 8% were unwanted. **(Table 6.5 and Figure 6.6)**.

Figure 6.6 Fertility planning status



Trends: The proportion of wanted births or pregnancies has fluctuated from the 2007 IDHS to the 2023-2024 IDHS, ranging from 80-89%. The proportion of unintended births has been constant since the 2007 IDHS, at 9%.

Patterns by background characteristics

- As birth order increases, pregnancies are more likely to be reported as unwanted. Among fourth or higher-order births, 22 % were unwanted, while 5 % were wanted later **(Table 6.5)**.
- The percentage of wanted later fell from 11 percent in women under 20 years of age to 5 percent in women aged 40-44 **(Table 6.5)**.

6.4 WANTED FERTILITY RATES

Unwanted birth

Any birth in excess of the number of children a woman reported as her ideal number.

Wanted birth

Any birth less than or equal to the number of children a woman reported as her ideal number.

Wanted fertility rate

The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates, excluding unwanted births.

Sample: Women age 15–49.

The total wanted fertility rate (TWFR) reflects the fertility rate that would occur if all unwanted births were prevented. In the 2023-2024 IDHS, the desired Total Wanted fertility is 1.4 children. **(Table 6.6)**.

Patterns by background characteristics

Desired fertility rates are consistently lower than actual fertility rates. There are no differences according to women's background characteristics **(Table 6.6)**.

List of Tables

For more information on fertility preferences, see the following tables:

- **Table 6.1 Fertility preferences according to number of living children**
- **Table 6.2 Desire to limit childbearing**
- **Table 6.3 Ideal number of children according to number of living children**
- **Table 6.4 Mean ideal number of children**
- **Table 6.5 Fertility planning status**
- **Table 6.6 Wanted fertility rates**

Table 6.1 Fertility preferences according to number of living children

Percent distribution of currently married women age 15-49 by desire for children, according to number of living children, Indonesia DHS 2023-24

	Number of living children[1]							
Desire for children	0	1	2	3	4	5	6+	Total 15-49
Have another soon[2]	47.5	22.5	6.8	3.4	1.2	0.4	0.0	12.5
Have another later[3]	9.5	20.0	7.2	3.4	1.5	1.1	1.8	9.5
Have another, undecided when	2.7	2.3	1.3	0.6	0.4	0.0	1.3	1.4
Undecided	26.5	28.6	26.4	21.5	26.8	29.4	26.8	26.1
Want no more	5.9	21.7	54.4	60.7	53.6	60.7	57.7	44.1
Sterilised[4]	0.5	0.9	1.8	8.5	12.1	8.2	4.0	3.1
Declared infecund	7.4	4.1	2.2	1.8	4.3	0.2	8.4	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	523	2,033	3,280	1,514	415	91	59	7,915

[1]The number of living children includes a woman's current pregnancy.

[2]Wants next birth within 2 years.

[3]Wants to delay next birth for 2 or more years.

[4]Includes both female and male sterilization.

Table 6.2 Desire to limit childbearing

Percentage of currently married women age 15-49 who want no more children by number of living children, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Number of living children[1]							
	0	1	2	3	4	5	6+	Total
Residence								
Urban	6.2	23.1	57.8	71.7	71.9	75.2	(74.2)	49.4
Rural	6.7	22.0	54.2	65.7	60.3	63.7	52.7	45.2
Education								
No education	*	(25.5)	68.1	(59.5)	(52.7)	*	*	45.7
Some primary	*	44.3	49.2	60.8	(71.5)	*	*	49.7
Completed primary	13.4	35.6	59.5	69.2	60.3	(74.5)	(78.4)	54.4
Some secondary	5.1	16.9	52.7	74.0	69.3	(65.6)	*	46.7
Completed secondary	1.6	17.2	56.7	66.5	65.1	(63.4)		42.5
More than secondary	10.6	14.7	54.5	71.1	75.5		*	45.3
Wealth quintile								
Lowest	4.3	15.4	49.5	64.0	65.2	(68.6)	58.0	43.4
Second	10.8	27.8	54.6	65.1	61.5	*	*	47.7
Middle	5.7	16.6	55.6	68.3	65.4	(79.7)	*	45.3
Fourth	2.7	27.3	59.1	75.1	66.4	*	*	48.9
Highest	9.0	22.9	59.3	71.1	70.4	*	*	50.5
Total	6.4	22.6	56.2	69.3	65.7	68.9	61.7	47.5

Note: Women who have been sterilized are considered to want no more children. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that figure is based on fewer than 25 unweighted cases and has been suppressed.

[1]The number of living children includes a women's current pregnancy.

Table 6.3 Ideal number of children according to number of living children

Percent distribution of women age 15-49 by ideal number of children, and mean ideal number of children for all respondents and for currently married respondents, according to the number of living children, Indonesia DHS 2023-24

	Number of living children[1]							
Ideal number of children	0	1	2	3	4	5	6+	Total
0	12.7	4.8	4.6	5.6	7.7	10.8	8.9	7.6
1	3.4	12.2	1.0	0.8	0.2	0.0	0.0	3.9
2	51.2	53.2	58.9	23.3	17.7	13.0	5.9	48.3
3	12.1	13.4	14.4	44.8	9.2	10.9	4.2	17.3
4	3.4	6.2	9.4	12.0	44.0	19.5	15.6	8.6
5	0.9	0.6	0.9	2.8	4.0	20.3	13.4	1.4
6+	0.2	0.1	0.4	1.3	3.2	6.1	37.1	0.7
Non-numeric responses	15.9	9.5	10.3	9.4	13.9	19.3	14.8	12.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	3,830	2,139	3,452	1,587	431	93	63	11,695
Mean ideal number of children for women 15-49[2]								
All women	1.9	2.1	2.3	2.8	3.2	3.4	4.7	2.3
Number of women	3,220	2,025	3,096	1,437	371	75	53	10,177
Currently married women	2.2	2.1	2.3	2.8	3.2	3.4	4.7	2.4
Number of currently married women	446	1,828	2,940	1,373	357	73	51	7,067

[1]The number of living children includes current pregnancy for women.

[2] Means are calculated excluding respondents who gave non-numeric responses.

Table 6.4 Mean ideal number of children

Mean ideal number of children for all women age 15-49, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Mean	Number of women[1]
Age		
15-19	1.8	1,393
20-24	2.1	1,296
25-29	2.2	1,194
30-34	2.4	1,476
35-39	2.4	1,590
40-44	2.5	1,737
45-49	2	1,592
Residence		
Urban	2.2	6,097
Rural	2.3	4,181
Education		
No education	2.2	300
Some primary	2.2	338
Completed primary	2.4	2,167
Some secondary	2.2	2,608
Completed secondary	2.2	3,463
More than secondary	2.3	1,401
Wealth quintile		
Lowest	2.2	1,552
Second	2.2	1,923
Middle	2.3	2,103
Fourth	2.3	2,322
Highest	2.3	2,377
Total	2.3	10,277

[1]Number of women who gave a numeric response.

Table 6.5 Fertility planning status

Percent distribution of live birth and current pregnancies to women age 15-49 in the 3 years preceding the survey by planning status of the pregnancy, according to birth order and mother's age at birth; and percent distribution of all pregnancy outcomes to women age 15-49 in the 3 years preceding the survey by planning status of the pregnancy, according to type of pregnancy outcome, Indonesia DHS 2023-24

Characteristic	Planning status of pregnancy outcome: Wanted then	Wanted later	Wanted no more	Total	Number of pregnancy outcomes[1]
LIVE BIRTHS AND CURRENT PREGNANCIES					
Birth order					
1	96.5	2.5	1.1	100.0	432
2	91.4	2.7	5.9	100.0	731
3	84.8	2.4	12.8	100.0	385
4+	72.7	5.1	22.2	100.0	204
Mother's age at birth[2]					
<20	84.7	11.0	4.2	100.0	58
20-24	95.1	2.7	2.2	100.0	312
25-29	95.0	1.5	3.5	100.0	516
30-34	82.6	3.1	14.3	100.0	440
35-39	85.8	2.9	11.3	100.0	308
40-44	79.5	4.6	15.9	100.0	109
45-49	*	*	*	100.0	9
Total	89.0	2.9	8.1	100.0	1,753
ALL PREGNANCY OUTCOMES					
Pregnancy outcome type					
Current pregnancies	87.3	7.7	5.0	100.0	226
Live births	89.2	2.2	8.6	100.0	1,527
Stillbirths	*	*	*	100.0	13
Miscarriages	72.4	15.9	11.7	100.0	124
Abortions	*	*	*	100.0	1
Total	87.8	3.8	8.4	100.0	1,891

Note: A pregnancy outcome refers to a miscarriage, abortion, live birth or stillbirth. Some pregnancies produce multiple outcomes, for example in the case of twins. In this table, each pregnancy outcome is counted Individually. Therefore, a pregnancy will be counted more than once if it produces multiple births (live births or still births). Current pregnancies, miscarriages, and abortions are always counted as one pregnancy outcome. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1]For pregnancies that resulted in multiple outcomes (for example, twins), each outcome is counted individually.
[2]For current pregnancies, the maternal age at birth is estimated as the mother's expected age at the time of the birth.

Table 6.6 Wanted Fertility Rates

Total wanted fertility rates for the 3 years preceding the survey, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Total wanted fertility rates
Residence	
Urban	1.4
Rural	1.4
Education	
No education	1.0
Some primary	2.1
Completed primary	1.9
Some secondary	1.3
Completed secondary	1.3
More than secondary	1.4
Wealth quintile	
Lowest	1.8
Second	1.3
Middle	1.5
Fourth	1.3
Highest	1.2
Total	1.4

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey.

FAMILY PLANNING 7

Key Findings

- ***Contraceptive method use:*** 56% of currently married women age 15-49 use contraception; 54% count on modern contraceptive methods, and 2% rely on traditional methods.
- ***Long term contraceptive methods:*** Among contraceptive users, 14% use long term methods, which include the IUD, Implant and Sterilization.
- ***Contraceptive discontinuation:*** In the 5 years preceding the survey, 30% of episodes of contraceptive use were discontinued within 12 months. The main reason for discontinuation was wanted to become pregnant.
- ***Unmet need for family planning:*** 13% of currently married women age 15-49 have an unmet need for family planning.
- ***Informed choice:*** 61% of women currently using modern methods of contraception were informed about the potential side effects of the method they were using, while 60% were informed about what to do if they experienced side effects. Sixty three percent of women were informed about alternative contraceptive methods.
- **Contact of nonusers with family planning providers**: 91% of women who are not using contraceptives did not discuss family planning either with a fieldworker or at a health facility in the 12 months preceding the survey.

Couples can use contraceptive methods to limit or space the number of children they have. This chapter presents information on the knowledge, use and sources of contraceptive methods, informed choice of methods, and rates and reasons for discontinuing contraceptives. It also examines the need and demand for family planning and how much contact nonusers have with family planning providers.

In Indonesia Sustainable Development Goals 2023-2030 Goals 3. Good Health and Well Being, access to family planning, information and education and the integration of reproductive health into national strategies and programs are stated in Target 3.7. The government has set targets to increase access to reproductive healthcare in the National Medium-Term Development Plan (RPJMN). Several laws and regulations have been issued to support and strengthen the implementation (Bappenas, 2023). The laws and regulation such as:

- **Law No. 52 of 2009 on Population and Family Development**
  Manage the population growth and promote family well-being trough family planning, education and economic empowerment.
- **Law No. 36 of 2009 on Health**
  Ensuring equitable access to healthcare, including reproductive health services, as a fundamental human right.
- **Presidential Regulation No. 18 of 2020**
  The RPJMN aims to improve overall public health, reduce disparities, and ensure that family planning and reproductive health services are accessible, inclusive, and culturally sensitive. However,

implementation challenges remain, particularly in addressing regional disparities and cultural resistance in certain areas.

- **Government Regulation (PP) Number 28 of 2024**
  This regulation is relatively new and focuses on policies related to reproductive health, family planning, and population control. It emphasizes ensuring access to family planning and reproductive health services, especially for underserved communities.

The SDGs 2023-2030 also emphasize reproductive health demands, specifically unmet need for contraception services, as unmet need remains high, a situation associated with maternal mortality. Family planning campaigns remain necessary to boost public awareness, with a focus on reaching vulnerable groups such as low-income mothers, mothers with more than two children, and young mothers who may have unmet needs.

7.1 CONTRACEPTIVE KNOWLEDGE AND USE

Information on knowledge and use of contraceptive methods is needed to measure the success of the Population, Family Planning and Family Development Program (known in Indonesia as the KKBPK Program, the Indonesian acronym). Information on knowledge of contraceptive methods in the 2023-24 IDHS was obtained by asking the survey respondents how couples can prevent pregnancy. If the respondent could not answer spontaneously, the interviewer read a description of each contraceptive method and asked whether the respondent had heard of the method. The information collected is about modern and traditional contraceptive methods. Modern contraceptive methods consist of female sterilization, male sterilization, intrauterine device (IUD), pill, implants, injectable, male condom, diaphragm, lactational amenorrhea method (LAM), and emergency contraception. Traditional contraceptive methods include rhythm, withdrawal, and other traditional methods.

Awareness of contraceptive methods is almost universal in Indonesia, with nearly all women, including currently married women aged 15-49, familiar with at least one modern contraceptive method. Currently married women know an average of seven modern contraceptive methods. Pills and injectables are the most well-known contraceptive methods among currently married women. The least known methods among currently married women are the diaphragm (11%), emergency contraception (13%), and lactational amenorrhea method/LAM (15%) **(Table 7.1)**.

Knowledge of modern methods among currently married women aged 15-49 shows little variation across different background characteristics. Generally, knowledge of modern methods among currently married women increases with levels of education. For example, 93% of women with no education have heard of at least one modern method compared with 98% of women with more than secondary education **(Table 7.2)**.

Contraceptive prevalence

Percentage of women who use any contraceptive method.

Sample: All women age 15-49, currently married women age 15-49, and sexually active unmarried women age 15-49.

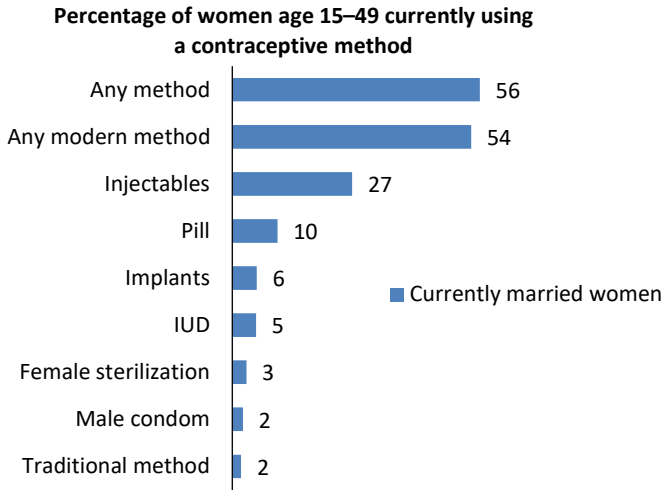
Modern methods

Include male and female sterilization, intrauterine devices (IUDs), injectables, implants, contraceptive pills, male and female condoms, emergency contraception, the standard days method, and the lactational amenorrhea method.

Table 7.3 provides data on contraceptive use by age for all women and currently married women, while **Table 7.4** highlights differences in contraceptive use among married women based on background characteristics. Broadly, 56% of married women use a contraceptive method, 54% use modern methods, and 2% use traditional methods **(Table 7.3)**.

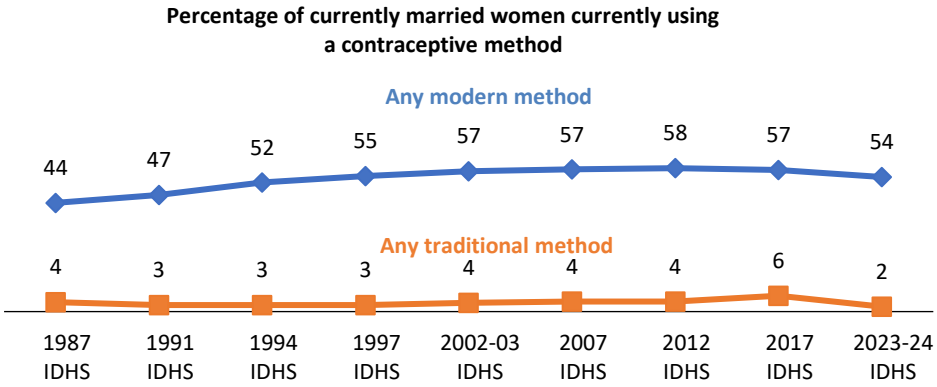
Injectables are the most widely used methods with 27%, followed by the pill (10%), implants (6%), IUD (5%) and female sterilization (3%). Fourteen percent of currently married women use the three long-term methods recommended by the KKBPK Program—implants, the IUD, and female and male sterilization **(Figure 7.1)**.

Figure 7.1 Contraceptive use



Trends: The use of modern contraceptive methods among married women has steadily increased from 44% in the 1991 IDHS to 54% in the 2023-24 IDHS. In contrast, traditional method usage showed minimal changes between 1991 and 2012 (remaining between 4% and 6%) before declining to 2% in the 2023-24 IDHS **(Figure 7.2)**.

Figure 7.2 Trends in contraceptive use



Patterns by background characteristics

- The prevalence of modern method use among married women increases with age, from 1% of women aged 15-19 to 55% of women aged 35-39. It declines to 52% for age 40-44 and 43% for age 45- 49 **(Table 7.3)**.
- Currently married women with three to four living children are more likely (62%) to use a modern method than married women with one to two living children (57 %), and women with five or more living children (43 %) **(Table 7.4)**.
- Use of modern methods is higher in married women who live in rural area (58%) than married women who live in urban area (55%) **(Table 7.4)**.
- Highest use of modern methods is married women with some secondary education (61%) and it declines as the number of education increases **(Table 7.4)**.

- There is not much difference in the modern method used among married women based on wealth quintile, the percentages are ranging from 50% in the lowest wealth quintile to 57% in the highest wealth quintile **(Table 7.4)**.

Female sterilization is one of four long-term methods of contraception recommended by the KKBPK Program. This method is mainly intended for high-risk women, that is, women older than age 35, women with more than three children, and women with certain medical conditions associated with pregnancy and delivery.

The 2023-24 IDHS asked women for their age when the procedure was performed. Because the survey includes all married women aged 15-49, the experience of sterilized women aged 50 and over is not included.

The median age at sterilization was 35 years old, consistent with the program's recommendation of age 26 or older (Affandi et al, 2011). Four in ten (38%) women were sterilized at age 35-39 **(Table 7.5)**.

7.1.1 Use of Emergency Contraception

Emergency contraception, often referred to as the morning-after pill, is a form of birth control designed to prevent pregnancy after unprotected intercourse or the failure of a primary contraceptive method. Only 1% women aged 15–49 used emergency contraception in the 12 months preceding the survey **(Table 7.6)**.

7.1.2 Knowledge of the Fertile Period

Knowledge of a woman's fertile period is essential for the successful use of traditional methods such as rhythm and withdrawal. All women in the 2023-24 IDHS were asked about their knowledge of when a woman's fertile period occurs. Only 15% of women answered correctly that it occurs in-between two menstrual periods. Correct knowledge of the fertile period among users of periodic abstinence or rhythm (32%) is higher than among non-users (15%) **(Table 7.7)**.

Compared to women in other age groups, women aged 30-34 are the most knowledgeable about when a woman's fertile period occurs **(Table 7.8)**.

7.2 Source of Modern Contraceptive Methods

Source of modern contraceptives

The place where the modern method currently being used was obtained the last time it was acquired.

Sample: Women age 15-49 currently using a modern contraceptive method.

Information on current sources of modern methods is important for program planners and implementers. The Indonesian family planning program encourages active private sector involvement.

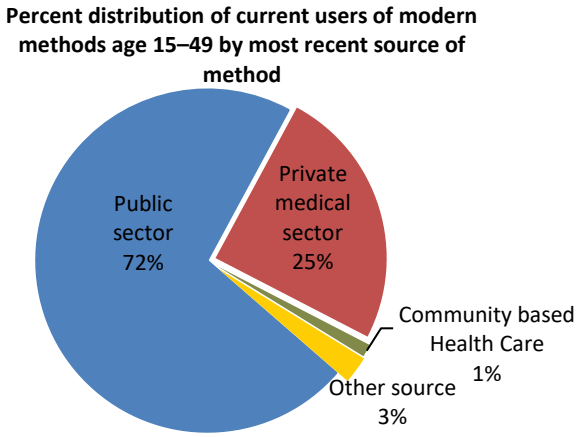
The classification of sources of contraceptive methods was changed. For example, a village midwife was classified as a public source in the 2017 IDHS but became a private sector source in the 2023-24 IDHS. Pharmacy/drug store, on the other hand, was another source in the 2017 IDHS but is classified as a private source in the 2017 IDHS. The integrated health service post, village health post and village maternity post were public sector in 2017 IDHS but classified as community-based health care in 2023-24 IDHS.

Comparison of data on sources of family planning services in the 2023-24 IDHS and the 2017 IDHS should be made with caution.

More than half (72%) of women who currently use a modern method of contraception obtained it from the public sector, while 25% obtained their method from the private sector (**Table 7.9 and Figure 7.3**). Village midwives and community health centres are the most common public sectors to obtain modern contraceptive methods, for 35% and 23% respectively. Pharmacy is the leading private sector to obtain modern methods, serving 11% of users.

Most women using female sterilization (78%) and IUD (37%) obtained their methods from government hospitals. Fifty-six percent of women using injectables received their method from village midwife and 50% of implant users get their method from community health centre. Pill (45%) and male condom (53%) users obtained their method from private pharmacies.

Figure 7.3 Source of modern contraceptive methods



7.3 INFORMED CHOICE

Informed choice

Informed choice indicates that women were informed about their method's side effects, about what to do if they experience side effects, and about other methods they could use.

Sample: Women age 15-49 who are currently using selected modern contraceptive methods and who started the last episode of use within the 5 years before the survey.

More than half of current users of modern methods (61%) were informed of the side effects or problems associated with the method they used, and 60% were told what to do if they experienced side effects. Sixty-three percent of users were told of other methods that they could use. Less than half (44%) of current users of modern contraceptives were informed of side effects, what to do if they experienced them, and other options. This proportion is known as the Family Planning Method Information Index **(Table 7.10)**.

7.3.1 Pill use compliance

The pill is one of the most widely used modern methods in Indonesia. This high demand emphasizes the importance for program managers to find out whether it is used properly. The 2023-24 IDHS included a series of questions asked of pill users about pill types, availability in the house at the time of the survey, and the last time a pill was taken.

Almost all (85%) of pill users can show the pill package. Overall, 51% of pill users use a combined pill, and 32% use a single pill. Only 7% used pills in order, and 73% had taken a pill fewer than 2 days preceding the survey **(Table 7.11)**.

Women who use pill in age group 35-39 more likely does not have the package of pill than other age group. Women who in highest wealth quintile tend to not have pill package than other wealth quintile.

7.3.2 Use of Injectables

In the 2023-34 IDHS, women who used injectables were asked whether they used the 1-month or 3-month injectable. The purpose of the questions is to examine the quality of use.

Almost all users (95%) of the 1-month injectable received an injection in the past 4 weeks, and all users of the 3-month injectable had an injection in the past 3 months **(Table 7.12.1)**.

7.3.3 Problems with current method of contraception

The majority of pill, IUD, injectables, and implants users stated that they did not have any health problems related to the method they use (72%, 77%, 57%, and 71%, respectively) **(Table 7.12.2)**.

Many pills user have weight gain (9%) and nausea (7%) as the main problem for their current method. For IUD and Implant has irregular period as the main problem, both 9% respectively. Weight gain and no menstruation are the most common problems for injectables user, both 13% respectively.

7.3.4 Payment for contraceptive methods and services

The government implements the KKBPK program with the active involvement and participation of the community and private sectors. In the 2023-24 IDHS, self-reliance is measured by the proportion of users who pay for the contraceptive methods and services received. Current users were asked how much they paid for the method and any consultation they had.

Seventy-two percent of all modern methods users obtained their method from a government service delivery point, and 46% paid for the method and services. Less than a third (25%) of married women obtained their methods from a private source, and 22% of them paid by themselves for the method. In general, 68% of modern method users paid for the method and the services they received **(Table 7.12.3)**.

The amount paid varies according to the method and source of the services. Female sterilization is the most expensive method, while the pill is the cheapest. The mean cost of family planning services in government facilities is lower than in private facilities **(Table 7.12.4)**.

7.4 Discontinuation of Contraceptives

Contraceptive discontinuation rate

The percentage of contraceptive use episodes discontinued within 12 months.

Sample: Episodes of contraceptive use in the 5 years before the survey experienced by women who are currently age 15-49 (one woman may contribute more than one episode).

The success of a contraceptive method depends on consistent use. Efforts to enhance the quality of family planning services in Indonesia prioritize sustaining continuous usage. A key measure of service quality is the rate at which individuals discontinue contraceptive use.

Overall, 30% of currently married women who started contraceptive use in the 5 years preceding the survey discontinued use within 12 months. Reasons included method failure, desire to become pregnant, side effects or health concerns, changes in menstrual bleeding, desire for more effective method, lack of access, cost, and inconvenience. In 4% of the episodes, the woman switched to another method. Discontinuation rates are highest for the pill (38%), followed by injectables (33%) **(Table 7.13)**.

The most common reasons cited for discontinuing a method are wanted to become pregnant (29 %), side effects/health concerns (14 %) and inconvenience to use (11 %) **(Table 7.14)**.

7.5 DEMAND FOR FAMILY PLANNING

Unmet need for family planning

Percentage of women who:

(1) are not pregnant and not postpartum amenorrheic and are considered fecund and want to postpone their next birth for 2 or more years or stop childbearing altogether but are not using a contraceptive method, or

(2) have a mistimed or unwanted current pregnancy, or

(3) are postpartum amenorrheic and their most recent birth in the last 2 years was mistimed or unwanted.

Met need for family planning

Current contraceptive use (any method).

Sample: All women age 15-49, currently married women age 15-49, and sexually active unmarried women age 15-49.

Demand for family planning:

Unmet need for family planning
+ met need (current contraceptive use (any method))

Proportion of demand satisfied:

$$\frac{\text{Current contraceptive use (any method)}}{\text{Unmet need + current contraceptive use (any method)}}$$

Proportion of demand satisfied by modern methods:

$$\frac{\text{Current contraceptive use (any modern method)}}{\text{Unmet need + current contraceptive use (any method)}}$$

The National Population and Family Planning Board (BKKBN) of Indonesia has set a target to reduce the unmet need for family planning to 7.4% by 2024, as part of its strategic goals under the 2020-2024 National Medium-Term Development Plan (RPJMN) (BKKBN, 2020). This effort aligns with broader objectives to improve contraceptive prevalence and enhance reproductive health services.

The unmet need reduction is part of a comprehensive strategy that includes promoting postpartum family planning, improving access to long-term contraceptive methods, and targeting vulnerable areas and groups with lower family planning participation (Wilono *et al*, 2017).

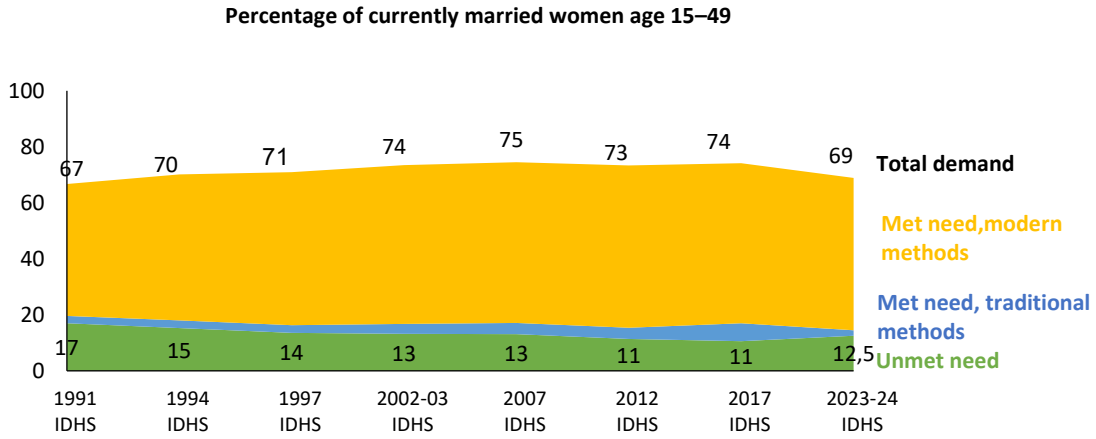
Sixty nine percent of currently married women aged 15-19 have a need for family planning; 29% want to space births, and 40% want to limit births.

Fifty seven percent of currently married women are using a contraceptive method either to space (22%) or to limit births (35%); that is, their family planning need is met. However, 13% of married women have an unmet need for family planning, 8% to space births and 5% to limit births. In general, 82% of currently married women aged 15-49 have their demand for family planning satisfied **(Table 7.15.1)**.

For all woman, 9% of them have an unmet need for family planning. Five percent of all women have unmet need to delay the birth and 3% have unmet need to stop childbearing **(Table 7.15.2)**.

Trends: The total demand for family planning among married women slightly increased from 73% (2012 IDHS) to 74% (2017 IDHS), and then decrease to 69% (2023-24 IDHS). Married women with unmet need for family planning remained at 11% from 2012 IDHS to 2017 IDHS, then slightly increasing to around 13% in 2023-24 IDHS **(Figure 7.4)**.

Figure 7.4 Trends in demand for family planning



Patterns by background characteristics

- Unmet need among married women is slightly higher in urban areas (14%) than rural areas (11%) **(Table 7.15.1)**.
- There is no specific pattern in unmet need for family planning by married women's education. Unmet need most likely happens in women who has no education (20%) **(Table 7.15.1)**.
- Unmet need for family planning declines as wealth status increases. Unmet need in married women who has lowest quintile is 15% and 11% for married women who has highest wealth quintile **(Table 7.15.1)**.

7.6 Decision Making about Family Planning and Opinion about Using Family Planning

Sixty seven percent of currently married women reported that the decision to use contraception is made jointly with their husbands, 19% stated that it is mainly made by themselves, and 11% said that the decision is mainly made by their husbands **(Table 7.16)**.

Percentage of women who make their own decision to use family planning is increasing as the number of living children increases. Mainly husband/partner decided on using family planning for married women who are not currently using any contraception. Married women who live in urban areas are more likely than those in rural areas to make decisions with their husbands about family planning, 68% to 64% in sequence **(Table 7.17)**.

7.7 Pressure to Become Pregnant and Future Use of Contraception

This survey also collected information about the pressure of becoming pregnant on currently married women and nonusers' intention to use contraception in the future. Five percent of currently married women feel pressured to become pregnant by their husband/partner or other family member when they do not want too. Married women who have five or more children feel more pressured to become pregnant than women who have not children, 6% to 5%. Eight percent of married women aged 20-24 are more likely to be pressured to become pregnant then another age group **(Table 7.18)**.

Table 7.19 shows that 50% of currently married women aged 15-49 who are not currently using contraception do not intend to use a method at some future time, while 33% unsure about using any method in the future. Fifty percent of women who have had two children say they do not want to use contraceptive methods in the future.

7.8 Exposure to Family Planning Messages

Table 7.20 provides information about the exposure of women aged 15-49 to family planning messages through six media sources (radio, television, newspapers/magazines, posters/pamphlets, billboards/banners, and the internet) in the 12 months prior to the survey.

Social media is the most widely accessed source of family planning information for currently married women (39%), followed by internet (31%), and television (29%). Radio is the source least accessed by women (3%) compared with other media sources, Overall, 32% of women are not exposed to family planning messages through any of the ten media sources; their background characteristics vary considerably (**Table 7.20)**.

7.9 Contact of Nonusers with Family Planning Providers

Contact of nonusers with family planning providers

Respondent discussed family planning in the 12 months before the survey with a fieldworker or during a visit to a health facility.

Sample: Women age 15-49 who are not currently using any contraceptive methods.

In the survey, women age 15-49 who were not using contraception were asked if they had been visited by a family planning worker who discussed family planning with them during the last 6 months before the survey or a visit to a health facility. **Table 7.21** shows that only 3% of women are visited by a family planning worker who discussed family planning.

Among women who did not use contraception and who visited a health facility in the last 6 months, some discussed family planning (8%) and some did not (19%). Overall, 91% of women age 15-49 who did not use contraception said they did not discuss family planning either with a family planning worker or at a health facility.

Patterns by background characteristics

- Most likely women who have some primary education (7%) reported had been visited by a family planning worker who discussed family planning.
- The percentage of women who visited a health facility in the past 6 months and discussed family planning ranges in age from less than 1% (age 15-19) to 15% (age 25-29).
- The percentage of women who visited a health facility in the past 6 months but did not discuss family planning increases by wealth index, from 16% of women in the lowest quintile to 22% of women in the highest quintile.

7.9.1 Counseling on use of family planning after delivery

The 2023-2024 IDHS also asked about counseling by health provider at the health facilities on use of family planning after delivery. Sixty seven percent of women age 15-49 were counseled in the used of family planning after delivery **(Table 7.21)**.

Patterns by background characteristics

- Higher percentage of women who live in rural areas were counseled of use of family planning after delivery than women who live in urban areas.
- There is a higher chance of women were counseled in the use of family planning after delivery as the wealth status increase.

List of Tables

For more information on family planning, see the following tables:

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Table 7.1 Knowledge of contraceptive methods

Percentage of all respondents, currently married respondents and sexually active unmarried respondents age 15-49 who know any contraceptive method, by specific method, Indonesia DHS 2023-24

Method	All women	Currently married women	Sexually active unmarried women[1]
Any method	91.0	96.9	(76.4)
Any modern method	90.8	96.7	(76.4)
Female sterilization	46.7	54.5	(36.8)
Male sterilization	29.3	34.2	(16.5)
IUD	61.1	70.6	(31.9)
Injectables	80.6	90.2	(59.9)
Implants	75.5	85.4	(59.2)
Pill	85.0	91.8	(76.4)
Male condom	74.5	79.4	(60.2)
Female condom	22.9	25.2	(21.9)
Diaphragm	11.4	12.9	(12.1)
Emergency contraception	13.0	14.7	(20.7)
Lactational amenorrhea method (LAM)	14.6	17.7	(13.0)
Other modern method	5.4	5.9	(7.4)
Any traditional method	41.6	48.7	(49.3)
Rhythm	31.0	36.8	(23.2)
Withdrawal	34.7	40.7	(37.1)
Other traditional method	2.2	2.5	(5.8)
Mean number of methods known by respondents 15-49	5.9	6.6	4.8
Number of respondents	11,695	7,915	26

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

[1]Had last sexual intercourse within 30 days preceding the survey.

Table 7.2 Knowledge of contraceptive methods according to background characteristics

Percentage of currently married women age 15-49 who have heard of at least one contraceptive method and who have heard of at least one modern method by background characteristics, Indonesia DHS 2023-24

Background characteristic	Heard of any method	Heard of any modern method[1]	Number
Age			
15-19	(98.3)	(96.1)	42
20-24	97.6	96.9	446
25-29	99.0	98.9	945
30-34	98.6	98.5	1,492
35-39	96.9	96.4	1,619
40-44	96.1	95.9	1,803
45-49	94.9	94.8	1,567
Residence			
Urban	97.5	97.3	4,348
Rural	96.2	96.0	3,567
Education			
No education	93.4	93.2	205
Some primary	94.3	94.2	330
Completed primary	96.5	95.9	2,154
Some secondary	97.7	97.6	1,866
Completed secondary	97.2	97.0	2,388
More than secondary	97.5	97.5	972
Wealth quintile			
Lowest	95.7	95.6	1,203
Second	97.0	96.6	1,507
Middle	97.5	97.0	1,641
Fourth	97.3	97.1	1,788
Highest	96.8	96.8	1,776
Total 15-49	96.9	96.7	7,915

Table 7.3 Current use of contraception by age

Percent distribution of all women, currently married women, and sexually active unmarried women age 15-49 by contraceptive method currently used, according to age, Indonesia DHS 2023-24

Age	Any method	Any modern method	Modern method								Traditional method			Not currently using	Total	Number of Women
			Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Male Condom	LAM	Other	Any traditional method	Rhythm	Withdrawal			
ALL WOMEN																	
15-19	0.9	0.9	0.0	0.0	0.0	0.7	0.0	0.1	0.2	0.0	0.0	0.0	0.0	0.0	99.1	100.0	1,681
20-24	14.2	14,0	0.0	0.0	0.4	10.2	1.1	1.2	1.1	0.0	0.0	0.2	0.0	0.1	85.8	100.0	1,497
25-29	38.8	37,0	0.2	0.1	3.3	21.4	5.3	4.2	2.5	0.0	0.0	1.9	0.9	0.9	61.2	100.0	1,353
30-34	55.9	53.5	1.3	0,0	7.3	27.4	6.0	9.8	1.7	0.0	0.0	2.5	1.6	0.9	44.1	100.0	1,672
35-39	56.2	54.9	3.3	0,0	6.0	25.1	5.9	11.7	2.9	0.0	0.0	1.3	0.5	0.8	43.8	100.0	1,750
40-44	54.4	52.2	5.0	0.3	4.2	26.1	4.8	9.5	2.3	0.0	0.1	2.2	1.2	1.0	45.6	100.0	1,962
45-49	45.1	43.3	4.5	0.5	4,0	18.8	3.2	10.9	1.4	0.0	0.0	1.7	0.8	0.9	54.9	100.0	1,779
Total	38.8	37.4	2.2	0.1	3.7	18.8	3.8	7.1	1.7	0.0	0.0	1.4	0.7	0.7	61.2	100.0	11,695
CURRENTLY MARRIED WOMEN																	
15-19	(27.5)	(27.5)	(0.0)	(0.0)	(0.0)	(24.5)	(0.2)	(2.9)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(72.5)	100.0	42
20-24	47.0	46.4	0.0	0.0	1.5	34.0	3.5	3.9	3.6	0.0	0.0	0.6	0.1	0.4	53.0	100.0	446
25-29	54.8	52.6	0.3	0.1	4.8	30.4	7.6	6.0	3.4	0.0	0.0	2.2	1.4	0.9	45.2	100.0	945
30-34	62.1	59.4	1.4	0.0	8.2	30.3	6.7	11.0	1.8	0.0	0.0	2.8	1.8	1.0	37.9	100.0	1,492
35-39	60.0	58.6	3.6	0.0	6.4	26.5	6.4	12.6	3.1	0.0	0.0	1.4	0.5	0.9	40.0	100.0	1,619
40-44	58.2	55.8	5.4	0.3	4.5	27.9	5.2	10.1	2.4	0.0	0.0	2.4	1.3	1.1	41.8	100.0	1,803
45-49	49.8	48.0	4.8	0.6	4.5	20.9	3.6	12.1	1.5	0.0	0.0	1.8	0.9	0.0	50.2	100.0	1,567
Total	56.4	54.4	3.2	0.2	5.4	27.3	5.6	10.3	2.4	0.0	0.0	2.0	1.1	0.9	43.6	100.0	7,915
SEXUALLY ACTIVE UNMARRIED WOMEN[1]																	
15-19	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	100.0	5
20-24	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	100.0	1
25+	(13.1)	(13.1)	(0.0)	(0.0)	(0.0)	(5.7)	(0.0)	(0.0)	(7.4)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(86,9)	100.0	20
Total	(10.3)	(10.3)	(0.0)	(0.0)	(0.0)	(4.5)	(0.0)	(0.0)	(5.8)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(89,7)	100.0	26

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

Figures in parentheses are based on 25-49 unweighted cases.

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

LAM = Lactational amenorrhea method.

[1] Women who had last sexual Intercourse within 30 days preceding the survey.

Table 7.4 Current use of contraception according to background characteristics

Percent distribution of currently married and sexually active unmarried women age 15-49 by contraceptive method currently used, according to background characteristics, Indonesia DHS 2023-24

			Modern method										Traditional method				
Background characteristic	Any method	Any modern method	Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Male condom	LAM	Other	Any traditional method	Rhythm	Withdrawal	Not currently using	Total	Number of women
								CURRENTLY MARRIED WOMEN									
Number of living children																	
0	11.5	11.4	0.4	0.0	1.5	4.5	0.4	2.8	1.9	0.0	0.0	0.1	0.1	0.0	88.5	100.0	590
1-2	59.0	56.9	1.3	0.1	5.5	30.5	5.6	11.5	2.4	0.0	0.0	2.1	1.2	0.9	41.0	100.0	5,290
3-4	64.2	61.8	9.0	0.5	6.6	26.4	7.1	9.3	2.9	0.0	0.0	2.4	1.3	1.1	35.8	100.0	1,887
5+	44.3	43.2	6.6	0.0	3.9	15.4	7.9	8.4	0.5	0.0	0.5	1.1	0.8	0.3	55.7	100.0	148
Residence																	
Urban	55.4	52.8	4.1	0.2	7.0	25.0	3.6	9.5	3.3	0.0	0.0	2.6	1.4	1.2	44.6	100.0	4,348
Rural	57.7	56.5	2.0	0.2	3.6	30.1	7.9	11.3	1.4	0.0	0.0	1.2	0.7	0.5	42.3	100.0	3,567
Education																	
No education	36.6	35.7	2.1	0.3	1.3	16.9	3.7	8.8	2.3	0.0	0.4	1.0	0.5	0.5	63.4	100.0	205
Some primary	50.9	49.4	1.5	0.0	0.3	26.7	9.2	10.1	1.5	0.0	0.0	1.6	0.8	0.7	49.1	100.0	330
Completed primary	57.0	56.5	2.1	0.3	2.3	32.9	6.8	11.2	0.9	0.0	0.0	0.5	0.1	0.4	43.0	100.0	2,154
Some secondary	62.4	61.0	3.1	0.3	4.0	33.1	5.5	13.4	1.7	0.0	0.0	1.4	0.9	0.5	37.6	100.0	1,866
Completed secondary	54.1	51.0	3.6	0.2	6.1	23.9	5.0	8.5	3.7	0.0	0.0	3.1	1.4	1.7	45.9	100.0	2,388
More than secondary	55.5	51.5	5.6	0.0	16.2	14.5	3.5	7.1	4.5	0.0	0.1	4.0	3.1	0.9	44.5	100.0	972
Wealth quintile																	
Lowest	49.9	49.5	2.5	0.1	2.2	26.3	7.8	9.6	1.1	0.0	0.0	0.4	0.2	0.2	50.1	100.0	1,203
Second	56.4	54.5	1.7	0.0	3.8	31.1	6.7	9.4	1.7	0.0	0.1	1.9	1.1	0.7	43.6	100.0	1,507
Middle	56.3	53.8	2.5	0.1	4.3	30.1	4.7	10.6	1.6	0.0	0.0	2.5	1.0	1.4	43.7	100.0	1,641
Fourth	57.8	56.0	3.9	0.5	3.8	27.1	5.1	12.4	3.2	0.0	0.0	1.7	0.8	0.9	42.2	100.0	1,788
Highest	59.7	56.7	4.9	0.2	11.7	22.4	4.4	9.1	3.9	0.0	0.0	3.0	2.0	0.9	40.3	100.0	1,776
Total	56.4	54.4	3.2	0.2	5.4	27.3	5.6	10.3	2.4	0.0	0.0	2.0	1.1	0.9	43.6	100.0	7,915

	0

Note: If more than one method is used, only the most effective method is considered in this tabulation. Figures in parentheses are based on 25–49 unweighted cases.

LAM = Lactational amenorrhea method.

Table 7.5 Timing of sterilization

Percent distribution of sterilized women age 15-49 by age at the time of sterilization and median age at sterilization, according to the number of years since the operation, Indonesia DHS 2023-24

	Age at time of sterilization								
Years since operation	<25	25 - 29	30-34	35-39	40-44	45-49	Total	Number of women	Median age[1]
<2	(0.0)	(4.8)	(16.8)	(41.6)	(34.4)	(2.4)	100.0	35	(36.6)
2-3	(0.0)	(7.2)	(20.9)	(41.2)	(30.6)	(0.0)	100.0	33	(35.9)
4-5	(1.5)	(13.0)	(31.5)	(40.7)	(13.2)	(0.0)	100.0	61	(34.9)
6-7	(0.0)	(1.2)	(33.2)	(46.5)	(19.2)	(0.0)	100.0	44	(35.4)
8-9	(3.9)	(19.1)	(23.8)	(53.0)	(0.2)	(0.0)	100.0	29	(35.2)
10+	5.4	31.1	47.6	15.8	0.0	0.0	100.0	59	a
Total	2.0	13.9	31.3	37.6	14.8	0.3	100.0	260	34.6

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

[1] Median age at sterilization is calculated only for women sterilised before age 40 to avoid problems of censoring.

a = Not calculated due to censoring.

Table 7.6 Use of emergency contraception

Percentage of women age 15-49 who used emergency contraception in the last 12 months, according to a background characteristic, Indonesia DHS 2023-24

Background characteristic	Percentage who used emergency contraception	Number of women
Age		
15-19	0.3	1,681
20-24	1.2	1,497
25-29	1.6	1,353
30-34	0.8	1,672
35-39	1.8	1,750
40-44	1.5	1,962
45-49	0.6	1,779
Residence		
Urban	1.0	6,704
Rural	1.3	4,991
Education		
No education	2.4	347
Some primary	1.4	398
Completed primary	0.7	2,436
Some secondary	1.0	3,034
Completed secondary	1.2	3,912
More than secondary	1.5	1,568
Wealth quintlle		
Lowest	1.0	1,792
Second	1.0	2,254
Middle	0.8	2,371
Fourth	1.4	2,649
Highest	1.3	2,629
Total	1.1	11,695

Table 7.7 Knowledge of fertile period

Percent distribution of rhythm users and all women age 15-49 by knowledge of the fertile period during the ovulatory cycle, Indonesia DHS 2023-24

Perceived fertile period	Users of rhythm method	Nonusers of rhythm method	All women
Just before her menstrual period begins	3.0	6.2	6.2
During her menstrual period	0.0	0.7	0.7
Right after her menstrual period has ended	41.5	19.2	19.4
Halfway between two menstrual periods	31.8	14.6	14.7
Other	0.0	0.2	0.2
No specific time	10.2	17.1	17.0
Don't know	13.5	42.0	41.8
Total	100.0	100.0	100.0
Number of women	87	11,608	11,695

Table 7.8 Knowledge of fertile period by age

Percentage of women age 15-49 with correct knowledge of the fertile period during the ovulatory cycle, according to age, Indonesia DHS 2023-24

Age	Percentage with correct knowledge of the fertile period	Number of women
15-19	5.8	1,681
20-24	12.8	1,497
2S-29	15.8	1,353
30-34	18.1	1,672
35-39	16.3	1,750
40-44	16.7	1,962
45-49	17.0	1,779
Total	14.7	11,695

Note: Correct knowledge of the fertile period is defined as "halfway between two menstrual periods".

Table 7.9 Source of modern contraception methods

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, Indonesia DHS 2023-24

Source	Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Condom	Other modem method	Total
Government	82.8	*	79.6	82.7	81.9	39.6	22.7	*	71.5
Hospital(central/general /regional)	78.4	*	37.2	2.4	4.2	2.1	2.9	*	10.7
Community health center (Sub-district)	4.4	*	31.1	21.9	49.6	16.6	12.9	*	23.2
Health center (military clinic)	0.0	*	0.7	0.1	1.1	0.3	0.0	*	0.3
Mobile family planning service unit	0.0	*	0.2	0.0	4.1	0.0	1.4	*	0.6
Community health center (Village)	0.0	*	0.9	2.3	1.2	2.7	0.4	*	1.9
Mobile community health center	0.0	*	0.2	0.1	0.0	0.0	0.0	*	0.1
Village midwife	0.0	*	9.2	55.8	21.7	18.0	5.2	*	34.8
Private medical sector	16.9	*	19.7	16.1	13.9	51.4	55.5	*	24.7
Hospital (general)	14.6	*	3.4	0.2	0.0	0.4	0.6	*	1.4
Maternity and child hospital	0.0	*	0.8	0.3	0.0	0.0	0.0	*	0.2
Clinic specialists	1.8	*	1.5	0.5	3.1	0.4	0.4	*	0.9
Primary health center	0.0	*	4.2	1.0	3.6	1.4	1.9	*	1.7
General practitioner	0.5	*	2.3	1.0	0.2	0.5	0.0	*	0.9
Midwife	0.0	*	7.4	12.9	7.1	3.4	0.1	*	8.6
Pharmacy	0.0	*	0.0	0.1	0.0	45.3	52.6	*	11.0
Community based health care	0.0	*	0.3	1.0	1.4	2.8	1.2	*	1.2
Integrated health service post	0.0	*	0.0	0.0	0.0	1.9	1.2	*	0.4
Village health post	0.0	*	0.0	0.0	0.0	0.3	0.0	*	0.1
Village maternity post	0.0	*	0.3	1.0	1.4	0.5	0.0	*	0.8
Other	0.3	*	0.4	0.2	2.8	6.2	20.6	*	2.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	260	16	431	2,198	442	825	201	2	4,375

Note: Total includes other modern methods but excludes lactational amenorrhea method (LAM).
An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 7.10 Informed choice

Among current users of selected modern methods age 15-49 who started the last episode of use within the 5 years preceding the survey, percentage who were informed about possible side effects or problems of that method, percentage who were informed about what to do if they experienced side effects, percentage who were informed about other methods they could use, percentage who were informed of all three types of information, and percentage who were informed that they could switch to another method if they wanted to or needed to, according to method and initial source, Indonesia DHS 2023-24

	Among women who started last episode of modern contraceptive method within 5 years preceding the survey:						
Method/source	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if side effects experienced	Percentage who were informed of other methods that could be used	Percentage who received all three types of information (Method Information Index)[1]	Number of women	Percentage who were informed that they could switch to another method if they wanted to or needed to	Number of women[2]
Method							
Female sterilization	62.4	63.2	69.7	46.1	102	na	na
IUD	73.6	73.7	73.3	54.3	243	73.0	243
Injectables	65.3	62.0	63.6	47.9	1,236	67.1	1,236
Implants	58.6	63.7	70.7	39.7	322	75.2	322
Pill	43.7	42.2	49.1	27.2	406	56.5	406
Initial source of method[3]							
Government	65.4	63.1	64.5	46.5	1,687	67.0	1,604
Hospital(Central/ General/Regional)	72.8	72.7	71.5	55.3	245	66.6	166
Community health center (Sub-district)	66.8	64.0	67.4	47.0	537	71.0	534
Primary health Center (Military Clinic)	*	*	*	*	10	*	10
Mobile family planning service unit	*	*	*	*	15	*	15

Community health center (Village)	75.7	64.8	83.6	61.7	46	91.3	46
Mobile community health center	*	*	*	*	3	*	3
Village midwife	62.0	59.6	59.3	43.1	832	62.5	832
Private Medical Sector	49.8	53.3	60.8	35.4	492	68.5	473
Hospital (General)	(57.1)	(69.6)	(73.8)	(44.5)	28	*	10
Maternity and child hospital	*	*	*	*	9	*	9
Clinic specialists	*	*	*	*	14	*	13
Primary health Center	*	*	*	*	35	*	35
General practitioner	*	*	*	*	14	*	14
Midwife	63.7	69.6	70.6	47.9	232	76.5	232
Pharmacy	30.7	29.2	36.0	16.1	159	50.6	159
Community Based Health Care	63.3	56.8	65.4	49.6	83	68.0	83
Integrated health service post	(84.0)	(88.9)	(84.4)	(78.7)	37	(90.3)	37
Village health post	*	*	*	*	18	*	18
Village maternity post	61.2	38.4	44.0	30.5	28	43.7	28
Other	(31.0)	(24.2)	(43.5)	(18.9)	47	*	46

	Among women who started last episode of modern contraceptive method within 5 years preceding the survey:						
Method/source	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if side effects experienced	Percentage who were informed of other methods that could be used	Percentage who received all three types of information (Method Information Index)[1]	Number of women	Percentage who were informed that they could switch to another method if they wanted to or needed to	Number of women[2]
Total	61.3	60.0	63.4	43.7	2,308	67.0	2,206

Note: Table includes users of only the methods listed individually. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable.

[1] The Method Information Index is the percentage who were informed: 1) about side effects or problems of method used, 2) about what to do if side effects experienced, and 3) were informed of other methods that could be used.

[2] Excludes women who are sterilized.

[3] Source at start of current episode of use.

Table 7.11 Pill use compliance

Percentage of women age 15-49 who are using the pill; among pill users who have the pill package, percent distribution who can show the pill package by type of pill, percentage of pill users who complied with pill use instructions, according to background characteristics, Indonesia DHS 2023-24

			Among pill users who have the pill package who:						Percentage of pill users who:		
Background characteristics	Percentage using the pill	Number of currently married women	Combination[1]	Single[2]	Other	Package not seen	Total	Number of women who have pill	Took pill in order	Took pill < 2 days ago	Number of pill users

								package in the house			
15-19	(2.9)	42	*	*	*	*	*	1	*	*	1
20-24	3.9	446	*	*	*	*	*	12	*	*	17
25-29	6.0	945	52.9	23.4	5.8	17.9	100.0	51	10.2	55.0	57
30-34	11.0	1,492	43.8	34.0	1.2	20.9	100.0	138	13.5	76.3	164
35-39	12.6	1,619	37.3	38.3	2.2	22.2	100.0	181	4.9	77.4	205
40-44	10.1	1,803	54.1	36.4	1.2	8.3	100.0	149	2.3	72.6	182
45-49	12.1	1,567	65.5	23.6	2.1	8.8	100.0	159	6.7	72.0	189
Residence											
Urban	9.5	4,348	44.3	35.4	2.3	18.1	100.0	350	8.1	74.5	412
Rural	11.3	3,567	57.4	28.7	1.8	12.2	100.0	342	6.7	71.5	402
Education											
No education	8.8	205	*	*	*	*	*	13	*	*	18
Dome primary	10.1	330	*	*	*	*	*	28	(1.8)	(81.6)	33
Completed primary	11.2	2,154	54.4	30.3	0.8	14.6	100.0	222	4.7	76.0	241
Some secondary	13.4	1,866	59.2	32.1	3.3	5.4	100.0	208	12.7	72.0	250
Completed secondary	8.5	2,388	45.7	33.4	2.4	18.5	100.0	171	5.9	72.6	204
More than secondary	7.1	972	36.1	43.4	0.8	19.8	100.0	51	5.2	65.8	69
Wealth quintile											
Lowest	9.6	1,203	54.8	27.8	6.8	10.6	100.0	95	5.3	59.9	116
Second	9.4	1,507	51.2	29.3	0.2	19.3	100.0	120	4.3	73.9	142
Middle	10.6	1,641	52.4	30.0	0.5	17.2	100.0	144	4.1	75.5	173
Fourth	12.4	1,788	54.0	35.4	1.5	9.1	100.0	198	10.1	78.2	221
Highest	9.1	1,776	41.1	34.8	2.7	21.4	100.0	135	11.4	71.9	162
Total	10.3	7,915	50.8	32.1	2.0	15.1	100.0	692	7.4	73.0	814

Note: Table excludes pill users who do not know the brand name. Total number includes a small number of unmarried women using the pill. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that afigure is based on fewer than 25 unweighted cases and has been suppressed.

[1]Combination brands include: Andalan, Diane, Etelle, Eva, Cyclogynon, Gynera, Marvelon, Mercilon, Mycrogynon, Neynna, Novadiol, Pilkab, Pil KB Kombinasi, Planak, Planotab, Sydnagynon, Synfonia, Trinordiol 28, Triquilar, Yasmin, and Yaz.

[2]Single execution brands include: Andalan Laktasi, Cerazzette, Desirett, Excluton, Microlut, and other progestin-only (breastfeeding) pills.

Table 7.12.1 Use of injectables

Percentage of users of one-month injectables who had an injection in the past four weeks and percentage of users of three-month injectables who had an injection in the past three months, according to background characteristics, Indonesia DHS 2023-24

Background characteristics	Percent of users of one-month injectables contraception who had an injectin in the past four weeks	Number of users	Percent of users of three-month injectables contraception who had an injection in the past three months	Number of users
15-19	*	1	*	10
20-24	*	25	100.0	128
25-29	(90.8)	57	100.0	233
30-34	99.7	87	100.0	371
35-39	92.4	53	100.0	386
40-44	92.3	71	100.0	442
45-49	(96.2)	58	100.0	277
Residence				
Urban	95.9	226	100.0	883
Rural	93.8	125	100.0	963
Education				
No education	*	4	100.0	33
Some primary	*	10	100.0	83
Completed primary	97.0	51	100.0	671
Some secondary	92.5	111	100.0	514
Completed secondary	95.3	131	100.0	449
More than secondary	(98.8)	45	100.0	97
Wealth quintile				
Lowest	*	29	100.0	290
Second	(96.4)	50	100.0	424
Middle	88.6	87	100.0	427
Fourth	99.1	97	100.0	396
Highest	96.8	89	100.0	309
Total	95.1	351	100.0	1,847

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

Table 7.12.2 Problems with current method of contraception

Percent distribution of current users of selected methods in the 5 years preceding by the main health problems experienced with the method, Indonesia DHS 2023-24

Main problem with current method	Pill	IUD	Injectables	Implants
None	72	76.5	57.4	71.2
Wight gain	8.9	4.3	13.1	7.7
Weight loss	0.4	0	0.3	0.4
Bleeding	0.6	2.9	0.3	0
Hypertension	1.3	0	0.6	0
Headcahe	2.2	0.6	3.9	2.5
Nausea	7.2	1.1	0.4	1
No menstruation	2.5	1.6	13.3	5.3
Weak/tired	0.1	0.5	0.5	1.5
Acne	0.1	0	0.3	0
Irregular period	2.8	8.5	9.3	8.8
Other	1.6	3.4	0.6	1.4
Don't know	0.2	0.5	0.1	0.3
Total	100.0	100.0	100.0	100.0
Number of women	437	257	1381	351

Table 7.12.3 Payment for contraceptive methods and services

Percent distribution of women age 15-49 who currently use any modern contraceptive methods by source of method and whether the method was free or they had to pay for it, according to method, Indonesia DHS 2023-24

	Government		Private		Other			
Contraceptive methods	Free	Pay	Free	Pay	Free	Pay	Total	Number of women
Female sterilization	56.5	25.8	8.6	8.8	0.1	0.1	100.0	294
Male sterilization	*	*	*	*	*	*	*	16
Pill	15.2	27.8	3.5	45.4	1.1	7.1	100.0	908
Injectables	19.8	63.0	0.9	15.2	0.4	0.8	100.0	2,409
Implants	56.5	24.9	6.1	8.7	2.1	1.8	100.0	480
Condom	17.7	17.1	5.0	43.2	1.6	15.4	100.0	266

Total	25.5	46.0	2.8	21.9	0.8	3.0	100.0	4,373

Note: Excludes cases where cost of method was 'don't know' or missing. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 7.12.4 Mean cost of contraceptive methods and services

Percentage of women age 15-49 who are currently using any modern contraceptive methods who get their method free and the mean cost (in 1,000 rupiahs) of the method (including services) for those who pay for it, by the type of source according to methods, Indonesia DHS 2023-24

	Government			Private			Other		
Contraceptive methods	Free	Mean cost (Rp.000)	Number of users	Free	Mean cost (Rp.000)	Number of users	Free	Mean cost (Rp.000)	Number of users
Female sterilization	68.6	1,449.0	242	49.6	3,075.6	51	*	*	1
Male sterilization	*	*	16	*	*	0	*	*	0
Pill	35.3	30.6	391	7.1	33.3	443	13.0	779.5	74
Injectables	23.9	43.7	1,995	5.5	73.6	386	33.1	18.5	28
Implants	69.4	55.4	391	(41.2)	(148.5)	71	*	*	18
Condom	51.0	42.0	93	10.4	55.4	129	(9.3)	(35.5)	45
Total	35.6	155.9	3,127	11.2	202.0	1,080	20.0	377.4	166

Note: Excludes cases where cost of method was 'don't know' or missing. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 7.13 Twelve-month contraceptive discontinuation rates

Among episodes of contraceptive use experienced within the 5 years preceding the survey, percentage of episodes discontinued within 12 months, according to reason for discontinuation and specific method, Indonesia DHS 2023-24

Method	Method failure	Desire to become pregnant	Other fertility related reasons [1]	Changes in menstrual bleeding	Other side effects/ health concerns	Wanted more effective method	Other method related reasons [2]	Husband/ partner disapproved	Other reasons [3]	Any reason [4]	Switched to another method [5]	Number of episodes of use [6]
IUD	(0.1)	(8.4)	(2.6)	(0.0)	(1.5)	(0.8)	(2.5)	(0.1)	(1.0)	(17.0)	(0.4)	312
Injectables	0.1	9.3	3.2	1.9	5.7	4.0	2.7	0.1	6.2	33.1	3.1	1,893
Implants	0.0	3.8	1.1	0.1	3.2	1.4	1.4	0.4	4.2	15.6	1.4	444
Pill	2.2	9.2	2.8	1.4	3.7	5.9	6.2	0.6	5.6	37.6	8.2	700
Male condom	(0.5)	(12.0)	(5.0)	(0.0)	(1.6)	(3.5)	(8.3)	(1.5)	(10.2)	(42.7)	(6.0)	219
Other [7]	0.9	3.1	2.7	0.5	0.5	1.9	1.7	0.6	4.0	15.9	4.6	245
All methods	0.6	8.3	2.9	1.3	4.1	3.6	3.4	0.3	5.5	29.9	3.9	3,816

Note: Figures are based on life table calculations using information on episodes of use that occurred 3-62 months preceding the survey.

[1] Includes infrequent sex/husband away, difficult to get pregnant/menopausal, and marital dissolution/separation.

[2] Includes lack of access/too far, costs too much, and inconvenient to use.

[3] Includes up to God/fatalistic and other reasons.

[4] Reasons for discontinuation are mutually exclusive and add to the total given in this column.

[5] A woman is considered to have switched to another method if she used a different method in the month following discontinuation or if she gave "wanted a more effective method" as the reason for discontinuation and started another method within two months of discontinuation.

[6] All episodes of use that occur within the 5 years preceding the survey are included. Episodes of use include episodes that were discontinued during the period of observation and episodes of use that were not discontinued during the period of observation.

[7] Includes LAM and other modern method, and other traditional method.

Table 7.14 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the 5 years preceding the survey by main reason stated for discontinuation, according to specific method, Indonesia DHS 2023-24

Reason	IUD	Inject-ables	Implants	Pill	Male condom	With-drawal	Other[1]	All methods
Became pregnant while using	0.6	0.7	0.0	3.9	2.6	(1.2)	(8.5)	1.5
Wanted to become pregnant	42.6	29.1	19.6	31.9	27.4	(13.0)	(25.5)	28.7
Husband/partner disapproved	0.4	0.3	1.3	1.0	4.1	(1.6)	(2.2)	0.8
Wanted a more effective method	8.6	10.4	10.9	15.1	7.9	(27.2)	(3.6)	11.4
Changes in menstrual bleeding	0.3	5.3	9.7	2.6	0.9	(1.8)	(4.5)	4.7
Other side effects/health concerns	18.0	17.8	9.5	9.3	3.1	(0.0)	(4.5)	13.9
Lack of access/too far	0.0	0.2	0.0	0.4	3.4	(0.0)	(0.0)	0.4
Cost too much	0.0	0.1	1.3	0.0	0.0	(0.0)	(0.0)	0.2
Inconvenient to use	13.7	7.4	22.0	11.6	13.7	(10.2)	(4.9)	10.5
Up to God/fatalistic	0.9	1.3	0.0	1.3	5.8	(2.2)	(0.0)	1.4
Difficult to get pregnant/ menopausal	9.4	2.5	0.0	2.5	0.1	(1.1)	(0.0)	2.3
Infrequent sex/husband away	0.0	3.7	3.5	5.0	18.8	(28.1)	(2.9)	5.1
Marital dissolution/separation	0.0	6.7	0.0	0.9	0.1	(0.0)	(0.0)	4.0
Other	2.6	6.9	16.0	6.9	7.6	(4.1)	(12.4)	7.8
Don't know	3.0	7.6	6.2	7.7	4.6	(9.4)	(31.1)	7.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	72	1,035	199	367	104	33	26	1,838

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Includes lactational amenorrhea method (LAM), rhythm, and other methods.

Table 7.15.1 Need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, total demand for family planning, and percentage of the demand for family planning that is satisfied, and percentage of the demand for family planning that is satisfied by modern methods, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning[1]			Number of women	Percentage of demand satisfied[2]	Percentage of demand satisfied by modern methods[3]
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Age												
15-19	(25.7)	(0.0)	(25.7)	(26.0)	(1.5)	(27.5)	(51.7)	(1.5)	(53.2)	42	(51.7)	(51.7)
20-24	14.7	1.0	15.7	45.3	1.7	47.0	60.0	2.7	62.7	446	74.9	74.0
25-29	11.5	2.1	13.7	37.2	17.6	54.8	48.7	19.7	68.5	945	80.0	76.8
30-34	10.0	5.1	15.1	29.8	32.4	62.1	39.8	37.4	77.3	1,492	80.4	76.9
35-39	6.7	6.4	13.1	19.1	40.9	60.0	25.7	47.3	73.1	1,619	82.1	80.2
40-44	6.0	5.7	11.7	15.2	43.0	58.2	21.1	48.7	69.9	1,803	83.3	79.9
45-49	2.5	6.0	8.5	8.9	40.9	49.8	11.4	46.9	58.3	1,567	85.5	82.5
Residence												
Urban	7.2	6.3	13.5	20.7	34.7	55.4	27.9	41.0	68.9	4,348	80.4	76.6
Rural	7.7	3.6	11.4	23.3	34.4	57.7	31.1	38.0	69.1	3,567	83.6	81.8
Education												
No education	13.7	6.6	20.3	11.0	25.6	36.6	24.7	32.2	56.9	205	64.3	62.6
Some primary	6.5	4.8	11.3	18.2	32.8	50.9	24.6	37.6	62.3	330	81.8	79.3
Completed primary	6.5	5.4	11.9	18.0	39.0	57.0	24.5	44.4	68.9	2,154	82.7	81.9
Some secondary	7.0	4.8	11.8	27.0	35.4	62.4	34.0	40.2	74.2	1,866	84.1	82.2
Completed secondary	7.6	5.2	12.8	23.2	30.9	54.1	30.8	36.1	67.0	2,388	80.8	76.2
More than secondary	9.1	4.2	13.3	20.9	34.6	55.5	30.0	38.8	68.7	972	80.7	74.9
Wealth quintile												
Lowest	9.7	5.3	15.0	20.2	29.7	49.9	29.9	35.0	64.9	1,203	76.9	76.2
Second	8.7	4.1	12.7	22.6	33.8	56.4	31.2	37.9	69.1	1,507	81.6	78.9
Middle	7.6	4.1	11.8	22.3	34.0	56.3	29.9	38.1	68.0	1,641	82.7	79.1
Fourth	6.5	6.5	13.0	22.6	35.2	57.8	29.1	41.7	70.8	1,788	81.6	79.1
Highest	5.7	5.2	10.9	21.3	38.4	59.7	27.0	43.6	70.6	1,776	84.6	80.4
Total	7.5	5.1	12.5	21.9	34.6	56.4	29.3	39.6	69.0	7,915	81.8	79.0

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012. Figures in parentheses are based on 25-49 unweighted cases.

[1] Total demand is the sum of unmet need and met need.

[2] Percentage of demand satisfied is met need divided by total demand.

[3] Modern methods include female sterilization, male sterilization, IUD, injectables, implants, pill, male condom, female condom, emergency contraception, lactational amenorrhea method (LAM), and other modern methods.

Table 7.15.2 Need and demand for family planning for all women

Percentage of all women age 15–49 with unmet need for family planning, percentage with met need for family planning, total demand for family planning, and percentage of the demand for family planning that is satisfied, and percentage of the demand for family planning that is satisfied by modern methods, according to background characteristics, Indonesia DHS 2023–24

Background characteristic	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning[1]			Number of women	Percentage of demand satisfied[2]	Percentage of demand satisfied by modern methods[3]
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
						ALL WOMEN						
Age												
15–19	1.0	0.0	1.0	0.9	0.0	0.9	1.9	0.0	1.9	1,681	48.9	48.3
20–24	4.4	0.3	4.7	13.6	0.6	14.2	18.0	0.9	18.9	1,497	74.9	74.0
25–29	8.1	1.6	9.7	26.1	12.7	38.8	34.2	14.3	48.5	1,353	80.0	76.2
30–34	9.1	4.5	13.6	27.0	29.0	55.9	36.1	33.5	69.6	1,672	80.4	76.8
35–39	6.2	5.9	12.2	17.8	38.4	56.2	24.0	44.3	68.3	1,750	82.2	80.3
40–44	5.7	5.3	11.0	14.3	40.1	54.4	20.0	45.4	65.4	1,962	83.1	79.8
45–49	2.4	5.3	7.6	8.2	36.8	45.1	10.6	42.1	52.7	1,779	85.5	82.2
Residence												
Urban	4.9	4.1	8.9	13.8	23.0	36.7	18.6	27.1	45.7	6,704	80.4	76.5
Rural	5.7	2.6	8.3	16.8	24.8	41.6	22.5	27.4	49.9	4,991	83.4	81.6
Education												
No education	8.5	4.1	12.6	7.7	15.3	22.9	16.2	19.3	35.5	347	64.5	62.6
Some primary	6.2	4.0	10.2	15.4	30.1	45.5	21.6	34.1	55.6	398	81.7	76.2
Completed primary	5.9	4.8	10.7	16.2	35.2	51.4	22.1	40.0	62.0	2,436	82.8	82.0
Some secondary	4.3	3.0	7.3	16.9	21.9	38.8	21.2	24.9	46.1	3,034	84.2	82.4
Completed secondary	4.8	3.2	8.0	14.4	19.1	33.5	19.1	22.3	41.5	3,912	80.8	76.2
More than secondary	6.1	2.6	8.7	13.0	21.5	34.5	19.1	24.1	43.1	1,568	79.9	74.2
Wealth quintile												
Lowest	6.8	3.6	10.4	13.8	20.1	33.8	20.6	23.7	44.3	1,792	76.4	75.8
Second	5.8	2.7	8.6	15.3	23.4	38.7	21.1	26.1	47.3	2,254	81.9	78.6
Middle	5.6	2.9	8.4	15.8	24.1	40.0	21.4	27.0	48.4	2,371	82.6	79.0
Fourth	4.4	4.4	8.8	15.7	23.9	39.5	20.1	28.3	48.4	2,649	81.7	79.3
Highest	4.0	3.5	7.5	14.5	26.2	40.6	18.5	29.7	48.1	2,629	84.4	80.2
Total	5.2	3.4	8.7	15.1	23.8	38.8	20.3	27.2	47.5	11,695	81.8	78.8

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012. Figures in parentheses are based on 25-49 unweighted cases.

[1] Total demand is the sum of unmet need and met need.

[2] Percentage of demand satisfied is met need divided by total demand.

[3] Modern methods include female sterilization, male sterilization, IUD, injectables, implants, pill, male condom, female condom, emergency contraception, and lactational amenorrhea method (LAM), and other modern methods.

Table 7.16 Decision-making about family planning

Percent distribution of currently married women by person who usually makes the decision to use or not use family planning, Indonesia DHS 2023-24

Decision maker	Percentage
Mainly wife	18.9
Wife and husband/partner jointly	66.5
Wife's opinion more important	2.2
Wife's and husband's/partner's opinion equally important	64.2
Wife's opinion less important than husband's/partner's	0.1
Mainly husband	11.0
Other	3.6
Total	100.0
Number of currently married women	7,915

Table 7.17 Decision-making about family planning by background characteristics

Percent distribution of currently married women age 15-49 by person who usually makes the decision to use or not use family planning and percentage who participate in the decision to use or not use family planning, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Mainly wife	Wife and husband / partner jointly	Mainly husband / partner	Other	Total	Percentage who participated in decision-making about family planning	Number of women
Age							
15-19	(21.1)	(54.2)	(9.8)	(14.9)	100.0	(75.3)	42
20-24	18.9	66.1	9.3	5.7	100.0	84.9	446
25-29	16.2	69.0	11.9	2.9	100.0	85.2	945
30-34	16.3	70.9	9.4	3.4	100.0	87.2	1,492
35-39	19.6	63.7	13.4	3.3	100.0	83.3	1,619
40-44	19.7	66.3	10.7	3.3	100.0	86.0	1,803
45-49	21.3	64.3	10.5	3.9	100.0	85.6	1,567
Family planning use							
Currently using	20.7	69.2	9.9	0.2	100.0	89.9	4,467
Not currently using[1]	16.6	63.0	12.4	8.0	100.0	79.6	3,448
Number of living children							
0	13.3	59.8	10.9	16.0	100.0	73.1	590
1-2	19.1	66.9	11.5	2.5	100.0	86.0	5,290
3-4	19.9	67.8	9.6	2.7	100.0	87.7	1,887
5+	20.6	63.9	11.3	4.2	100.0	84.5	148
Residence							
Urban	18.8	68.2	9.8	3.1	100.0	87.1	4,348
Rural	19.0	64.4	12.5	4.2	100.0	83.4	3,567
Education							
No education	20.5	60.8	14.8	3.9	100.0	81.3	205
Some primary	24.6	52.9	15.5	7.0	100.0	77.5	330
Completed primary	20.3	64.7	11.7	3.3	100.0	85.0	2,154
Some secondary	21.8	66.7	8.3	3.1	100.0	88.5	1,866
Completed secondary	16.8	68.2	11.4	3.6	100.0	85.0	2,388
More than	13.2	71.6	11.4	3.8	100.0	84.8	972

secondary							
Wealth quintile							
Lowest	17.3	63.2	14.2	5.2	100.0	80.5	1,203
Second	21.2	63.7	11.6	3.5	100.0	84.8	1,507
Middle	18.3	67.4	10.0	4.2	100.0	85.7	1,641
Fourth	22.9	63.8	10.3	3.0	100.0	86.7	1,788
Highest	14.5	73.0	10.0	2.5	100.0	87.5	1,776
Total	18.9	66.5	11.0	3.6	100.0	85.4	7,915

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

[1] Non-users include pregnant women.

Table 7.18 Pressure to become pregnant

Percentage of currently married women who were ever pressured by their husbands/partners or any other family member to become pregnant when they did not want to, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage of women pressured to become pregnant by their husband/partner or other family member	Number of women
Age		
15-19	(3.8)	42
20-24	8.2	446
25-29	5.6	945
30-34	4.9	1,492
35-39	4.3	1,619
40-44	4.9	1,803
45-49	5.3	1,567
Number of living children		
0	4.8	590
1-2	5.7	5,290
3-4	3.5	1,887
5+	6.2	148
Family planning use		

Currently using	4.8	4,467
Not currently using[1]	5.6	3,448
Residence		
Urban	4.9	4,348
Rural	5.4	3,567
Education		
No education	1.8	205
Some primary	6.3	330
Completed primary	4.5	2,154
Some secondary	5.6	1,866
Completed secondary	5.8	2,388
More than secondary	4.2	972
Wealth quintile		
Lowest	5.1	1,203
Second	4.8	1,507
Middle	6.2	1,641
Fourth	5.5	1,788
Highest	4.0	1,776
Total	5.1	7,915

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Non-users include pregnant women.

Table 7.19 Future use of contraception

Percent distribution of currently married women age 15-49 who are not using a contraceptive method by intention to use in the future, according to number of living children, Indonesia DHS 2023-24

	Number of living children[1]					
Intention to use in the future	0	1	2	3	4+	Total
Intends to use	14.1	19.0	16.8	18.5	13.3	17.1
Unsure	32.3	32.8	33.4	31.4	30.5	32.5
Does not intend to use	53.5	48.2	49.8	50.1	56.2	50.3
Total	100.0	100.0	100.0	100.0	100.0	100.0

		1,02	1,16			3,44
Number of women	455	3	8	544	259	8

[1] Includes current pregnancy.

Table 7.20 Exposure to family planning messages: Women

Percentage of women age 15-49 who heard or saw specific family planning messages in the last 6 months, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Radio	Tele-vision	News-paper/ magazine	Mobile phone	Social media[1]	Poster/ leaflet/ brochure	Outdoor sign or billboard	Commu-nity meeting or events	Internet	Tradi-tional media [2]	None of these ten media sources	Number of women
Age												
15-19	1.8	18.2	3.9	19.2	32.9	14.6	10.6	4.9	24.5	1.2	49.6	1,681
20-24	2.7	23.3	5.7	25.1	42.9	20.2	12.4	11.5	31.6	1.3	34.5	1,497
25-29	2.3	29.6	6.5	34.2	47.9	28.2	14.7	20.5	39.0	0.9	25.8	1,353
30-34	3.2	35.0	7.0	35.7	47.3	32.2	14.1	23.2	41.5	1.9	25.1	1,672
35-39	3.4	33.7	8.4	28.8	43.2	31.2	13.4	29.7	32.4	2.6	27.6	1,750
40-44	3.9	32.4	7.9	27.2	36.3	25.5	13.6	29.2	27.4	1.6	28.6	1,962
45-49	3.5	29.0	6.1	22.4	28.2	24.5	11.3	24.1	21.5	1.7	33.0	1,779
Residence												
Urban	2.9	32.1	7.6	31.1	44.9	27.7	15.7	20.1	35.4	1.7	29.0	6,704
Rural	3.1	24.7	5.1	22.2	32.0	21.9	9.1	22.0	24.4	1.6	36.3	4,991
Education												
No education	2.6	19.1	3.4	18.5	22.6	16.6	8.2	17.6	18.4	1.0	51.2	347
Some primary	5.1	21.8	3.0	12.1	15.2	13.5	2.9	20.6	9.8	0.9	45.5	398
Completed primary	1.6	24.1	3.0	14.3	23.3	19.9	8.9	25.7	15.6	1.2	38.6	2,436
Some secondary	3.0	26.3	5.4	27.9	39.0	25.2	11.9	20.5	28.6	1.5	32.7	3,034
Completed secondary	3.4	32.7	7.8	32.8	45.3	26.9	14.4	19.5	36.5	1.8	29.2	3,912
More than secondary	3.9	36.0	12.9	38.5	60.0	34.2	20.4	18.3	51.9	2.4	20.5	1,568
Wealth quintile												
Lowest	2.7	19.7	4.3	14.5	23.8	18.1	8.5	18.9	16.6	1.4	45.5	1,792
Second	2.8	25.7	5.4	22.2	30.9	21.2	9.6	21.6	24.4	1.9	39.8	2,254
Middle	3.0	31.3	5.3	30.8	41.4	26.1	11.9	20.9	32.1	1.3	29.6	2,371
Fourth	2.9	30.1	6.9	28.7	42.7	26.5	13.0	20.8	33.2	1.4	29.6	2,649
Highest	3.4	34.7	9.9	35.9	52.0	31.4	19.3	21.6	42.1	2.0	21.0	2,629
Total	3.0	28.9	6.6	27.3	39.3	25.2	12.8	20.9	30.7	1.6	32.1	11,695

[1] Social media includes platforms such as Facebook, X (formerly Twitter), or Instagram.

[2] Traditional media includes Wayang, Hatrak, Ludruk, Lenong.

Table 7.21 Contact of nonusers with family planning providers

Among women age 15-49 who are not using contraception, percentage who during the last 6 months were visited by a fieldworker who discussed family planning, percentage who visited a health facility and discussed family planning, percentage who visited a health facility but did not discuss family planning, and percentage who did not discuss family planning either with a fieldworker or at a health facility, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage of women who were visited by a fieldworker who discussed family planning	Percentage of women who visited a health facility in the last 6 months and who:		Percentage of women who did not discuss family planning either with fieldworker or at a health facility	Number of women
		Discussed family planning	Did not discuss family planning		
Age					
15-19	0.2	0.6	14.0	99.3	1,665
20-24	1.4	4.3	18.5	95.5	1,285
25-29	5.6	15.3	23.8	83.9	828
30-34	4.5	15.1	19.6	83.7	737
35-39	4.4	13.6	20.2	85.3	767
40-44	3.0	9.8	22.8	89.3	895
45-49	2.4	8.1	16.7	91.1	978
Residence					
Urban	2.5	7.7	20.1	91.6	4,241
Rural	2.7	8.4	16.5	91.0	2,914
Education					
No education	2.2	4.1	16.1	94.7	268
Some primary	7.4	11.6	7.6	84.7	217
Completed primary	3.2	9.8	21.4	89.3	1,185
Some secondary	1.3	6.1	16.0	93.7	1,856
Completed secondary	2.5	8.1	18.7	91.4	2,602
More than secondary	3.5	9.5	23.3	89.8	1,027
Wealth quintile					
Lowest	3.2	6.4	16.1	92.5	1,185
Second	2.3	6.1	16.1	92.9	1,382
Middle	2.4	8.6	19.2	91.1	1,423
Fourth	2.1	8.2	19.3	91.3	1,603
Highest	3.1	10.2	21.7	89.3	1,561
Total	2.6	8.0	18.7	91.3	7,155

INFANT AND CHILD MORTALITY 8

Key Findings

- ***Current levels:*** Infant and under-5 mortality rate for five-year period preceding the survey are 13 and 16 deaths per 1,000 live births, respectively.
- ***Infant Mortality:*** The infant mortality rates for the 5 years preceding the survey are higher for female and whose living in rural area. Infant mortality rates for the 10-year period preceding the survey are highest whose mother gave birth at age 20-29, who first birth order, and became pregnant after 3 years interval.
- ***Perinatal mortality:*** The perinatal mortality rate is highest among children born less than 15 months after the previous pregnancy (38 deaths per 1,000 pregnancies.
- ***High- risk fertility:*** Percentage of currently married women whose not in any high risk is 25%.

Data on infant and child mortality are crucial for a demographic assessment of a country's population and is an important indicator of the country's socioeconomic development and people's quality of life. It can also help identify children who may be at higher risk of death and lead to strategies to reduce this risk, such as promoting birth spacing.

This chapter presents information on levels, trends, and differentials in perinatal, neonatal, infant, and under-5 mortality rates. It also examines bio-demographic factors and fertility behaviors that increase mortality risks for infants and children. The information was collected as part of a retrospective pregnancy history in which female respondents listed all the children to whom they have given birth, along with each child's date of birth, survivorship status, and current age or age at death.

The quality of mortality estimates calculated from pregnancy histories depends on the mother's ability to recall all the children she has given birth to, as well as their birth dates and ages at death. Potential data quality problems include:

- The selective omission from pregnancy histories of those births that did not survive, which can result in underestimation of childhood mortality.
- The displacement of birth dates, which could distort mortality trends. This can occur if an interviewer knowingly records a birth as occurring in a different year than the one in which it occurred. This could happen if an interviewer is trying to cut down on his or her overall workload, because live births occurring during the 3 years before the interview are the subject of a lengthy set of additional questions.
- The quality of reporting of age at death. Misreporting the child's age at death may distort the age pattern of mortality, especially if the net effect of the age misreporting is to transfer deaths from one age bracket to another.

- Any method of measuring childhood mortality that relies on mothers' reports (for example, birth histories) assumes that female adult mortality is not high or, if it is high, there is little or no correlation between the mortality risks of mothers and those of their children.

8.1 Infant and Child Mortality

Neonatal mortality: The probability of dying within the first month of life.

Post neonatal mortality: The probability of dying between the first month of life and the first birthday (computed as the difference between infant and neonatal mortality).

Infant mortality: The probability of dying between birth and the first birthday.

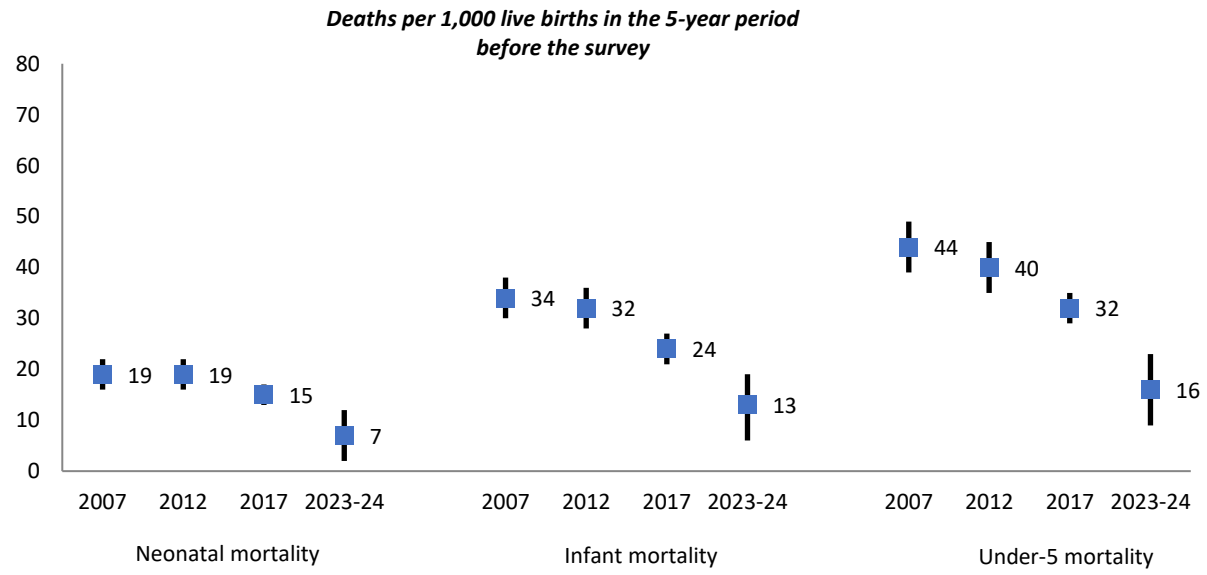
Child mortality: The probability of dying between the first and the fifth birthday.

Under-5 mortality: The probability of dying between birth and the fifth birthday.

During the 5 years immediately preceding the survey, the neonatal mortality rate was 7 deaths per 1,000 live births, the infant mortality rate was 13 deaths per 1,000 live births, and the under-5 mortality rate was 16 deaths per 1,000 live births (**Table 8.1**). Neonatal deaths account for more than half of infant deaths.

Trends: **Figure 8.1** presents neonatal, infant, and under-5 mortality rates for the 5 years preceding each of the four IDHS surveys (2007 to 2023-24). The 95% confidence interval for each estimate is also shown. In general, childhood mortality was more or less stagnant from 2007 to 2012 and declined thereafter. The neonatal mortality rate decreased from 19 deaths per 1,000 live births in 2007 to 7 deaths per 1,000 live births in 2023-24. The infant mortality rate declined from 34 deaths per 1,000 live births in 2007 to 13 deaths per 1,000 live births in 2023-24. Similarly, the under-5 mortality rate declined from 44 deaths per 1,000 live births in 2007 to 16 deaths per 1,000 live births in 2023-24[2].

Figure 8.1 Trend Neonatal, Infant, and Under-5 Mortality Rates for the 5 Years Preceding Each of The Four Surveys (2007 to 2023-24)



[2] The 2022 Indonesia Census found similar results. The neonatal mortality rate was 9 deaths per 1,000 live births, infant mortality rate was 16 deaths per 1,000 live births, and under-5 mortality rate was 19 deaths per 1,000 live births.

Patterns by background characteristics

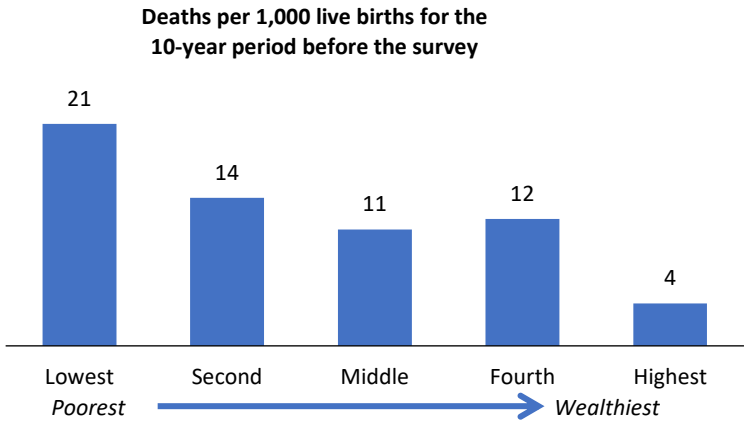
- Childhood mortality higher among male children than female children for neonatal mortality rate (8 deaths per 1,000 live births compared with 6 deaths per 1,000 live births), child mortality rate (6 deaths per 1,000 live births compared with 1 death per 1,000 live births), and under-5 mortality rate (17 deaths per 1,000 live births compared with 16 deaths per 1,000 live births) **(Table 8.2)**.
- The infant mortality rates for the 5-year period preceding the survey are higher for female than male (15 deaths per 1,000 live births compares to 10 deaths per 1,000 live births) and those living in the rural area than urban area (17 deaths per 1,000 live births compares to 9 deaths per 1,000 live births) **(Table 8.2)**.
- The infant mortality rate for 10-year period preceding the survey are highest whose mother gave birth at age 20-29, who first birth order, and became pregnant after 3 years interval.
- In general, rural mortality is higher than urban mortality. For example, neonatal mortality in rural area are 11 deaths per 1,000 pregnancies while in urban area are just 4 **(Table 8.2)**.

Table 8.3 presents data on the relationship between additional background characteristics and child mortality for the 10-year period preceding the survey. A 10-year period was used to increase the reliability of the estimates calculated.

Patterns by additional background characteristics

- Under-5 mortality rate is highest for births to women who were age 20-29 at birth (15 deaths per 1,000 live births **(Table 8.3)**.
- The risk of dying usually increases with higher order births. But the table results show that the risk of dying was not always increased with higher order births. For example, while the infant mortality rate for first-order births is 11 deaths per 1,000 live births, the rate for 4-6 order births is 7 deaths per 1,000 live births **(Table 8.3)**.
- Childhood mortality rates generally decrease with increasing household wealth. For instance, under-5 mortality is 21 deaths per 1,000 live births among children in the lowest wealth quintile, as compared with 4 deaths per 1,000 live births among children in the highest wealth quintile **(Figure 8.2)**.

Figure 8.2 Under-5 Mortality by Household Wealth



8.2 PERINATAL MORTALITY

Perinatal mortality rate

Perinatal deaths comprise stillbirths (pregnancy losses occurring after 28 weeks of gestation) and early neonatal deaths (deaths of live births within the first 7 days of life). The perinatal mortality rate is calculated as the number of perinatal deaths per 1,000 pregnancies of 28 or more weeks' duration.

Sample: Number of pregnancies of 28 or more weeks' duration among women age 15-49 in the 5 years before the survey.

The perinatal mortality rate is a useful indicator of the state of delivery services, both in terms of the utilization of these services and their ability to ensure the delivery of healthy babies. In the 2023-24 IDHS, women were asked to report all pregnancy losses that occurred in the five years during the survey. For each such pregnancy, the duration was recorded. Perinatal deaths are composed of pregnancy losses occurring after 28+ weeks completed months of gestation (stillbirths) and deaths within the first seven days of life (early neonatal deaths). The perinatal mortality rate is the sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of 28+ weeks duration.

The causes of stillbirths and early neonatal deaths are closely related, and it can be difficult to distinguish whether a death is attribute to one cause or the other. The perinatal mortality rate encompasses both stillbirths and early neonatal deaths and thus offers a better measure of mortality at the time of delivery. During the 5-year period preceding the 2023-24 IDHS, the perinatal mortality rate was 16 deaths per 1,000 pregnancies.

In 2014, The Every Newborn Action Plan, a global multi-partner movement to end preventable maternal and newborn deaths and stillbirths, set a target for national stillbirth rates of 12 or fewer stillbirths per 1,000 births in all countries by 2030 (WHO and UNICEF, 2014). The 2023-24 IDHS shows that the national stillbirth rate for Indonesia is 10 per 1,000 births.

Trends: The perinatal mortality rate decrease each of the three IDHS survey (2012 to 2023-24), from 26 in the 2012 IDHS, to 21 in the 2017 IDHS, and became 16 in the 2023-24 IDHS.

Patterns by background characteristics

- Perinatal mortality rate is highest among children born less than 15 months after the previous pregnancy (38 deaths per 1,000 pregnancies).
- Perinatal mortality rate is highest in mother's age less than 20 (27 deaths per 1,000 pregnancies) **(Table.8.4)**.
- Perinatal mortality is lowest among children born 39 months and above after the previous pregnancy (7 deaths per 1,000 pregnancies) **(Table 8.4)**.
- Rural areas have higher perinatal mortality than urban areas (25 compared with 9 deaths per 1,000 pregnancies). Stillbirths are a contributor to the high perinatal mortality in rural areas. The stillbirth rate is more than twice as high in rural areas (14 per 1,000 pregnancies) as in urban areas (6 per 1,000 pregnancies) **(Table 8.4)**.

8.3 HIGH-RISK FERTILITY BEHAVIOR

The survival of infants and children depends in part on the demographic and biological characteristics of their mothers. Typically, the probability of dying in infancy is much greater among children born to mothers who are too young (under age 18) or too old (over age 34), children born after a short birth interval (less than 24 months after the preceding birth), and children born to mothers of high parity (more than three children). **Table 8.5** gives the percent distribution of children born in the 5 years preceding the survey by category of

elevated risk of mortality (along with risk ratios) and the percent distribution of currently married women by their category of risk if they were to conceive a child at the time of the survey.

Table 8.5 also shows the relative risk of children dying across the various risk categories. The purpose of this table is to identify areas in which changes in reproductive behavior would be likely to reduce infant and child mortality. Among children born in the five years preceding the survey 46% are not in any high-risk categories, another 30% of births are in one of the avoidable high-risk categories, 22% are in a single high-risk category, and 8% are in a multiple high-risk category.

The risk ratio denotes the relationship between risk factors and child mortality. In the single high-risk category, risk ratios are highest for births with an interval of less than 24 months (1.37). While in multiple high-risk categories, women's age 34 and above with more than three birth order, risk ratios are 1.08.

The last column in Table 8.5 shows the percentage of currently married women according to risk category. Seventy-one percent of currently married women in Indonesia would have been in an avoidable high-risk category if they had conceived at the time of the survey; 48% would have been in a single high-risk category, and 23% would have been in a multiple high-risk category. Twenty-five percent of women would not have been in any high-risk category, while 5% would have been in an unavoidable risk category.

List of Tables

For more information on infant and child mortality, see the following tables:

- **Table 8.1. Early childhood mortality rates**
- **Table 8.2. Five-year early childhood mortality rates according to background characteristics**
- **Table 8.3. Ten-year early childhood mortality rates according to additional characteristics**
- **Table 8.4. Perinatal Mortality**
- **Table 8.5. High-risk fertility behaviour**

Table 8.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-5 mortality rates for 5-year periods preceding the survey, Indonesia DHS 2023-24

Years preceding the survey	Approximate calendar year	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
0-4	2020 - 2024	7 (CI: 2, 12)	6 (CI: 2, 9)	13 (CI: 6, 19)	4 (CI: 0, 7)	16 (CI: 9, 23)
5-9	2014 - 2019	3 (CI: 0, 6)	3 (CI: 0, 6)	6 (CI: 2, 10)	3 (CI: 0, 6)	9 (CI: 4, 14)
10-14	2009 - 2013	3 (CI: 1, 5)	3 (CI: 0, 6)	6 (CI: 2, 10)	4 (CI: 1, 8)	10 (CI: 4, 15)

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

Table 8.2 Five-year early childhood mortality rates according to background characteristics

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the 5-year period preceding the survey, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
Child's sex					
Male	8	2	10	6	17
Female	6	9	15	1	16
Residence					
Urban	4	5	9	2	12
Rural	11	6	17	6	22
Total	7	6	13	4	16

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

Table 8.3 Ten-year early childhood mortality rates according to additional characteristics

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the ten-year period preceding the survey, according to additional characteristics, Indonesia DHS 2023-24

Characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
Mother's age at birth					
<20	(9)	(3)	(12)	(2)	(14)
20-29	5	6	11	4	15
30-39	3	3	6	3	9
40-49	(7)	*	*	*	*
Birth order					
1	7	4	11	4	15
2-3	4	4	8	3	11
4-6	3	4	7	4	11
Previous birth interval[2]					
<2 years	(13)	(10)	(23)	(6)	(29)
2 years	0	6	6	1	7
3 years	8	0	9	5	14
4+ years	3	4	7	2	9
Mother's education					
Some primary	*	*	*	(2)	*
Completed primary	4	6	10	3	13
Some secondary	4	6	9	4	13
Completed secondary	3	2	5	4	9
More than secondary	12	2	14	1	15
Wealth quintile					
Lowest	7	11	17	4	21
Second	3	3	5	9	14
Middle	1	7	8	3	11
Fourth	9	2	11	1	12
Highest	4	0	4	0	4

Note: Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death. An asterisk indicates that a rate is based on fewer than 250

person-years of exposure to the risk of death and has been suppressed.

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

[2] Excludes first-order births.

Table 8.4 Perinatal mortality

Number of stillbirths, number of early neonatal deaths, stillbirth rate, early neonatal death rate, perinatal mortality rate, and the ratio of stillbirths to early neonatal deaths for the 5-year period preceding the survey, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Number of stillbirths[1]	Number of early neonatal deaths[2]	Stillbirth rate[3]	Early neonatal death rate[4]	Perinatal mortality rate[5]	Number of pregnancies of 28+ weeks duration[6]	Ratio of stillbirths to early neonatal deaths
Mother's age at birth							
<20	0	4	0	27	27	129	0.0
20-29	8	10	6	7	12	1,444	0.8
30-39	20	4	16	3	19	1,279	4.9
40-49	0	2	3	13	15	153	0.2
Previous pregnancy interval in months[7]							
First pregnancy	6	13	9	18	26	738	0.5
<15	9	1	33	5	38	258	6.9
15-26	3	0	9	0	9	313	-
27-38	6	0	29	0	29	213	-
39+	5	5	3	4	7	1,483	1.0
Residence							
Urban	10	6	6	3	9	1,689	1.7
Rural	19	14	14	11	25	1,316	1.4
Mother's education							
No education	1	1	10	18	28	71	0.5
Some primary	6	0	50	0	50	115	-
Completed primary	10	4	17	7	24	600	2.6
Some secondary	2	3	3	5	8	670	0.6
Completed secondary	9	3	8	2	11	1,065	3.3
More than secondary	1	8	3	17	20	485	0.2
Wealth quintile							
Lowest	10	5	18	9	28	555	2.0
Second	2	1	3	2	6	587	1.6
Middle	4	2	6	3	9	638	1.9
Fourth	7	10	11	16	26	620	0.7
Highest	6	1	10	2	12	605	4.4
Total	29	20	10	7	16	3,005	1.5

Note: respondents may choose to report the duration of their pregnancy in either weeks or months.

[1] Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months.

[2] Early neonatal deaths are deaths at age 0-6 days among live-born children.

[3] Stillbirth rate: the number of stillbirths divided by the number of pregnancies lasting 28 or more weeks, expressed per 1,000.

[4] Early neonatal rate: the number of early neonatal deaths divided by the number of live births, expressed per 1,000.

[5] Perinatal mortality rate: the sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies lasting 28 or more weeks, expressed per 1,000.

[6] Includes pregnancies lasting 7 or more months when duration of pregnancy is reported in months.

[7] Pregnancy interval categories correspond to birth interval categories of <24 months, 24-35 months, 36-47 months, and 48+ months assuming a pregnancy duration of 9 months.

Table 8.5 High-risk fertility behavior

Percent distribution of children born in the 5 years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Indonesia DHS 2023-24

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women[1]
	Percentage of births	Risk ratio	
Not in any high risk category	45.9	1.00	24.6[a]
Unavoidable risk category			
First order births between age 18 and age 34	23.9	2.21	4.5
In any avoidable high-risk category	30.2	1.20	71.0
Single high-risk category			
Mother's age <18 only	1.8	(5.65)	0.1
Mother's age >34 only	13.8	0.71	41.4
Birth interval <24 months only	4.1	1.37	4.2
Birth order >3 only	2.8	0.00	2.8
Subtotal	22.4	1.13	48.4
Multiple high-risk category			
Age <18 and birth interval <24 months[2]	0.1	*	0.1
Age >34 and birth interval <24 months	0.3	*	0.6
Age >34 and birth order >3	6.1	1.08	19.6
Age >34 and birth interval <24 months and birth order >3	0.4	(0.00)	1.3
Birth interval <24 months and birth order >3	0.9	(2.75)	1.0
Subtotal	7.8	1.42	22.6
Total	100.0	na	100.0
Subtotals by individual avoidable high-risk category			
Mother's age <18	1.9	(5.29)	0.2
Mother's age >34	20.6	0.89	62.9
Birth interval <24 months	5.9	1.73	7.1
Birth order >3	10.1	0.88	24.7

Number of births/women	2,977	na	7,915

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable.

[1] Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.

[2] Includes the category age <18 and birth order >3.

[a] Includes sterilized women.

MATERNAL AND NEWBORN HEALTH CARE 9

Key Findings

Antenatal Care

- Eighty-five percent women age 15-49 who had a live birth and stillbirth in the 2 years before the survey received antenatal care (ANC) from a skilled provider for their most recent birth.
- Seventy-three percent of women age 15-49 who had a live birth and stillbirth in the 2 years preceding the survey had their first ANC visit for their most recent birth during the first trimester of pregnancy.

Delivery

- Seventy-six percent of live births and stillbirths in the 2 years prior to the survey were delivered in health facilities.
- In the 2 years preceding the survey, 97% of live births were assisted by a skilled provider.
- Eighty-eight percent of women reported no complications during pregnancy.

Postnatal care

- Sixty-two percent of women who had a live birth in the past 2 years received a postnatal check within 2 days of delivery (KF 1).
- Sixty-six percent of newborns received a postnatal check within 2 days of delivery (KN 1).

Health care services during pregnancy and childbirth and after delivery are important for the survival and well-being of both the mother and the infant. Antenatal care (ANC) can reduce health risks for mothers and infants through monitoring of pregnancies and screening for complications. Delivery at a health facility, with skilled medical attention and hygienic conditions, reduces the risk of complications and infections during labor and delivery. Timely postnatal care provides an opportunity to treat complications arising from delivery and teach the mother how to care for herself and her newborn.

The first part of this chapter presents information on ANC providers, number and timing of ANC visits, and various components of care. The second focuses on childbirth and provides information on place of delivery, assistance during delivery, and cesarean deliveries. The third section focuses on postnatal care and presents information on postnatal health checks for mothers and newborns. The final section covers issues that affect women's health regardless of their maternal status: whether or not women have been examined for breast or cervical cancer, and the distance from their home to the nearest health facility.

The Government of the Republic of Indonesia has set as a goal increasing maternal and newborn health care coverage, as stated in the 2020-2024 Medium-Term National Development Plan (RPJMN) (National Development Planning Board/Bappenas 2020) and the 2020-2024 strategic plan (*Renstra*) of the Ministry of Health (MOH, 2020).

Minister of Health Regulation No. 21/2021 mandated that women receive qualified antenatal care (ANC) to ensure a healthy pregnancy, give birth safely, and give birth to healthy babies (MOH, 2021). Since 2021, the Ministry of Health has implemented a policy that at least six ANC visits during pregnancy, one during the first trimester (called K1), 2 times during the second trimester, and 3 times during the third trimester, with a minimum of 2 times having to contact a doctor (1 time in the first trimester and 1 time in the third trimester) including an ultrasound examination (MOH, 2021). Previously, the minimum pregnancy check-up was four times. Key indicators of maternal health care in efforts to reduce maternal and neonatal deaths include ANC, delivery in a health facility, and delivery by a skilled birth attendant.

9.1 Antenatal Care Coverage and Content

9.1.1 Skilled Providers

Antenatal care (ANC) from a skilled provider

Pregnancy care is received from skilled providers, such as doctors (general practitioners and/or obstetricians), nurses, and midwives.

- Antenatal care during first visit (K1): pregnancy health care received at least once from a skilled provider regardless of the time of the visit.
- Antenatal care at least four visits (K4): pregnancy health care at least four visits, one during the first trimester, one during the second trimester, and two during the third trimester.
- Antenatal care at least six visits (K6): pregnancy health care at least six visits, one during the first trimester, two during the second trimester, and three during the third trimester.

Sample: Women age 15-49 who had a live birth or stillbirth in the 2 years before the survey.

Eighty-five percent of women received antenatal care (ANC) from a skilled provider in the 2 years before the survey. ANC was most often provided by doctors (61%) (46% by obstetricians and gynecologists and 15% by general practitioners), followed by midwives (14%) and nurses (10%) **(Table 9.1)**.

Trends: Overall, the percentage of women who received ANC from a skilled provider increased from 85% in 1994 to 98% in 2017 but declined to 85% in 2023-24 (Figure 9.1). However, ANC from doctors have increased considerably from 12% in 1994 to 31% in 2017 and 61% in 2023-24.

Patterns by background characteristics

- Eighty-six percent of women age 20-34 at birth had ANC from a skilled provider, which is higher than for women age 35-49 (80%).
- Ninety percent of women with first order births received ANC from a skilled provider, which is higher than that for 2nd-3rd order births (85%), or 4th-5th order births (76%).

9.1.2 Timing and Number of Antenatal Care Visits

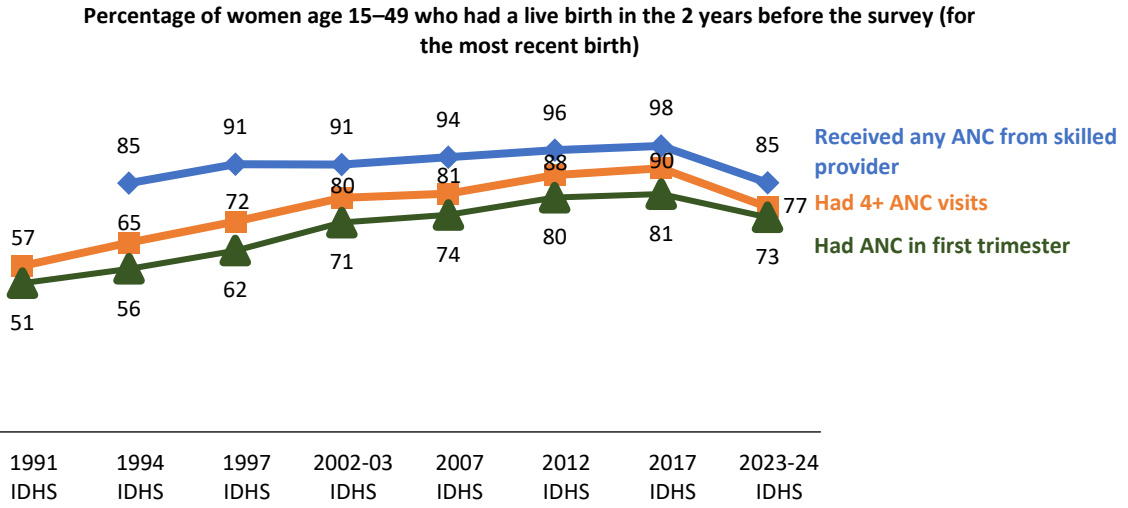
The 2023-24 IDHS gathered data on timing of first ANC visit among women age 15-49 who had a live birth or stillbirth in the 2 years before the survey. Overall, 73% of women had their first antenatal check during the first trimester (less than 4 months of pregnancy).

The percentage of women with at least four ANC visits (K4) was 77%, while 58% of women had at least six ANC visits (K6) **(Table 9.2)**.

Trends: The percentage of women who had their first ANC visit at less than 4 months of pregnancy increased from 51% in 1991 to 81% in 2017 but decreased to 73% in 2023-34 **(Figure 9.1)**. Over the same

period, the percentage of women with at least four ANC visits increased from 57% in 1991 to 90% in 2017 before decreasing to 77% in 2023-24.

Figure 9.1 Trends in antenatal care coverage



Patterns by background characteristics

- Women who live in urban areas (83%) are much more likely to have at least four ANC visits than women who live in rural areas (69%). A similar pattern is observed for those receiving six ANC visits with the corresponding figure being 65% and 49%, respectively.
- Six out of 10 women with the lowest wealth status had at least 4 ANC visits, followed by those with second wealth (78%), middle and upper middle wealth (79%), and highest wealth (85%). A similar pattern is observed for those receiving six ANC visits, with the corresponding figures being 44%, 53%, 61%, 63%, and 70%, respectively.
- Women more often tend to receive ANC for the first order births in their first trimester (85%) compared to the second or third order births (73%) or the fourth or fifth order births (47%). Similarly, the median months pregnant at first visit ANC is 1.9 months for first order births followed by 2.3 months and 3.4 months for the subsequent categories.

9.2 Components of Antenatal Care

Components of antenatal care

Specific antenatal care services performed by a health care provider include measuring blood pressure, taking a urine sample, taking a blood sample, listening for the baby's heartbeat, measuring height and weight, counseling about breastfeeding, providing referral if there is a problem, measuring MUAC, measuring fundus height, screening for immunization, giving iron tablets, and providing consultation.

Sample—quality of care indicator: Women age 15-49 who had a live birth or stillbirth in the 2 years before the survey and had at least one ANC visit.

Sample—population-based indicator: All women age 15-49 who had a live birth or stillbirth in the 2 years before the survey.

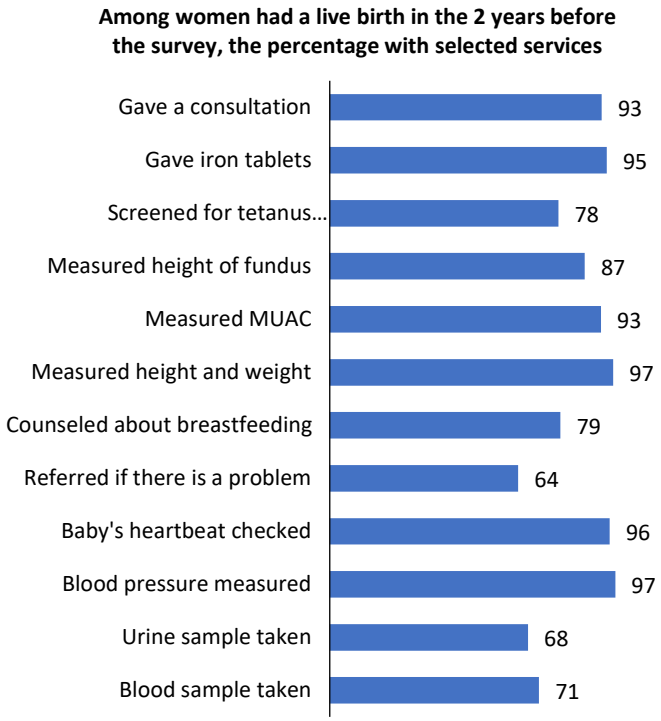
The ability for ANC to act as an effective intervention for identifying issues occurring during pregnancy that could adversely affect pregnancy outcomes is dictated in large part by the components of ANC services offered by the health care provider.

As a part of ANC, certain interventions and tests are recommended at each ANC contact. These include the following:

- Measuring blood pressure. Taking a woman's blood pressure at each antenatal care visit is essential to monitor for gestational hypertension or pre-eclampsia.
- Conducting urine and blood tests. These tests assess signs of infection or other diseases and conditions that could negatively affect a woman or her baby during or after pregnancy.
- Listening to the baby's heartbeat. This can confirm that the fetus is alive as well as reassure the mother.
- Counseling on breastfeeding. These counseling messages can help the pregnant woman breastfeed her newborn early.
- Measuring height, weight and MUAC. This confirms optimum weight for the pregnant women and growth of the fetus along with nutritional status of women through measurement of MUAC.
- Providing referral and consultation. This provides timely health service as required during the pregnancy so that any potential issues would be addressed in a timely manner.
- Screening for immunization and provision of iron tablets. These screening confirms if the women are receiving the recommended doses of tetanus vaccines and compliance to iron tablets.

In the IDHS, data collected on components of ANC were tabulated in two ways. **Table 9.3** shows the percentage of women with a live birth or stillbirth in the 2 years before the survey who reported that they had at least one ANC visit and received specified ANC services. This tabulation is a measure of the quality of the ANC services these women received.

Figure 9.2 Components of antenatal care among women receiving ANC



Almost all women who had antenatal care received blood pressure checks (97%), height and weight measurements (97%), fetal position and fetal heart rate checks (96%), were given iron tablets (95%), were given consultations (93%) and had their mid-upper arm circumference measured (93%) **(Figure 9.2, Table 9.3)**.

Meanwhile, 87% of women have had their height fundus measured, 79% of women have consulted about breastfeeding, 78% of women received tetanus immunization screening, and 71% of women had their blood samples taken. Sixty-eight percent of women had their urine tested and 64% of women had discussed referral if there was a problem.

Trends: The percentage of women who had blood samples taken during pregnancy increased from 42% in 2012 to 71% in 2023-24. Likewise, urine samples increased by 23 percentage points (45% in 2012 compared to 68% in 2023-24). The percentages of pregnant women who had their blood pressure measurements, administration of iron tablets or syrup, counseling, and measurement of weight and height also increased from 2012 to 2023-23.

9.2.1 Iron-containing Supplementation during Pregnancy

During pregnancy, women have higher micronutrient needs and are at risk of micronutrient deficiencies, including iron deficiency, which is a primary cause of anemia. Severe anemia can place the mother and the baby in danger through increased risk of blood loss during labor and increased risk of preterm delivery, low birth weight, and perinatal mortality (Haider *et al*., 2013). To help address maternal anemia, interventions provide iron tablets or syrup to pregnant women (WHO, 2016).

Sixty-nine percent of women who had a live birth in the 2 years preceding the survey took any iron-containing supplements during pregnancy for the most recent live birth or stillbirth **(Table 9.4)**.

Based on Regulation of the Minister of Health No. 21 of 2021, supplementation with iron-rich tablets (TTD) containing iron and folic acid is recommended for pregnant women as much as one tablet per day for at least 90 days during pregnancy. In the IDHS Report 2023-24, 16% of women took any iron-containing supplements during pregnancy for more than 90 days. Meanwhile, women who drank less than 90 days and women who did not consume iron supplements were at the same number (32% each).

Patterns by background characteristics

- The percentage of women living in urban areas (70%) who took any iron-containing supplements was higher than women living in rural areas (67%).

- Seventy-three percent women age 35-49 with a live birth in the last 2 years were more likely to consume iron-containing supplements, as compared with 68% of women age 20-34.

9.3 Protection against Neonatal Tetanus

Protection against neonatal tetanus

The number of tetanus toxoid injections needed to protect a baby from neonatal tetanus depends on the mother's vaccinations. A birth is protected against neonatal tetanus if the mother has received any of the following:

- Two tetanus toxoid injections during the pregnancy
- Two or more injections, the last one within 3 years of the birth
- Three or more injections, the last one within 5 years of the birth
- Four or more injections, the last one within 10 years of the birth
- Five or more injections at any time prior to the birth

Sample: Women age 15–49 with a live birth in the 2 years before the survey.

The 2023-24 IDHS results show that 26 % of women received two or more TT injections during their most recent live birth, and 39% of last live birth in the 2 years before the survey were protected against neonatal tetanus **(Table 9.6)**.

Trends: The percentage of women who received two or more doses of tetanus injections during pregnancy with their live birth has decreased from 56% in 1997 to 50% in 2007, to 34% in 2017, and to 26% in 2023-24. Likewise, the percentage of most recent live births protected against neonatal tetanus decreased from 60% in 2012 to 57% in 2017 to 39% in 2023-24.

Patterns by background characteristics

- Tetanus toxoid coverage for two or more injections during pregnancy is higher in women with some secondary education status (32%). In contrast, for women who have completed primary, secondary, and more than secondary education, TT injection coverage is lower, 24% and 25% respectively.

- Women more often protected against neonatal tetanus for the first order births in their most recent live birth (43%) compared to the second or third order births (40%) or the fourth or fifth order births (32%).

Complications During Pregnancy

The 2023-24 IDHS gathered data on pregnancy disorders or complications experienced by women age 15-49 during their last birth in the 2 years before the survey. In general, 88% of women reported no complications during pregnancy.

Among women who experienced complications, 2% each experienced excessive bleeding, premature labor, and vomiting, numb in face or headache with convulsion. Meanwhile, 6% of women reported other pregnancy complaints, including fever, convulsions and fainting, water broke early **(Table 9.5)**.

9.4 DELIVERY SERVICES

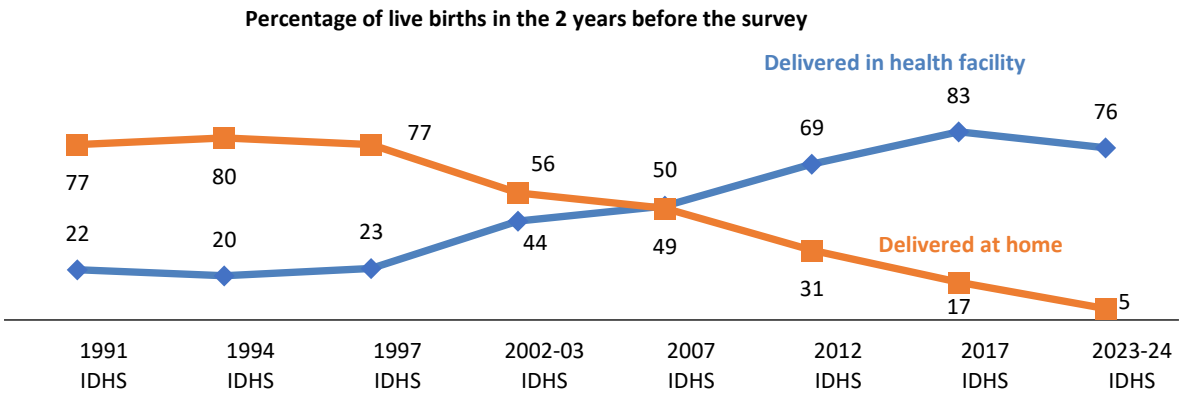
9.4.1 Institutional Deliveries

Institutional deliveries
Deliveries that occur in a health facility.
Sample: All live births and/or stillbirths in the 2 years before the survey.

The 2023-24 IDHS results show that 76% of live births and stillbirths were delivered at health facilities – 35% in first-level health facilities, consisting of public health centers and their networks (25%), clinics (4%), and private doctor/midwife/nurse (6%), and 41% in advanced-level referral health facilities, including public hospital (34%) and private hospital (7%) **(Table 9.7)**. Furthermore, 18% of live births and stillbirths were delivered to village midwives.

Trends: The percentage of live births delivered at home decreased from 17% in 2017 to 5% in 2023-24 **(Figure 9.3)**. However, live births delivered in a health facility decreased by 7% (from 83% in 2017 to 76% in 2023-24). This decline was due to an increase in women delivered to village midwives (from 4% in 2017 to 18% in 2023-24).

Figure 9.3 Trends in place of birth



Patterns by background characteristics

- Eighty percent of live births to women with four or more ANC visits were delivered in a health facility. Meanwhile, women who had less than four or never ANC visits in the same range (61%-62%).
- Eighty-one percent of live births in urban areas were delivered in a health facility, as compared with 70% of live births in rural areas **(Figure 9.4)**.
- From the first to the third birth, 77% of live births were born in health facilities. However, the percentage began to decline for the fourth to fifth births, 69% of babies were born in health facilities **(Figure 9.5)**.

Figure 9.4 Health facility births by residence

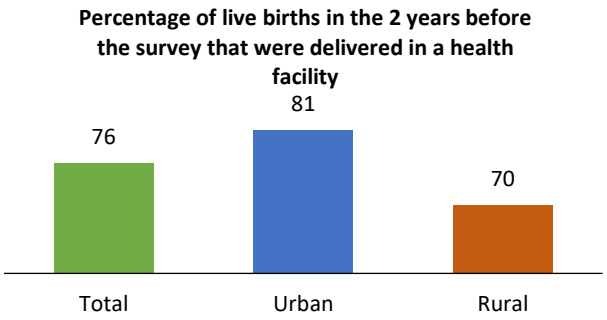
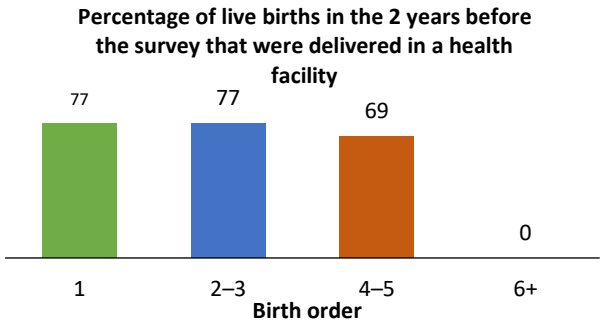


Figure 9.5 Health facility births by birth order



9.4.2 Delivery by Cesarean

Cesarean section, also known as C-section, is a surgical intervention to prevent or treat life-threatening maternal or perinatal complications. Appropriate use of cesarean sections reduces maternal and neonatal morbidity and mortality and complications such as obstetric fistula. However, WHO advises that cesarean sections be done only when medically necessary. Use of cesarean sections without medical need can place women at risk of short- and long-term health problems. WHO does not recommend a target rate for cesarean deliveries; however, research conducted by WHO has shown that cesarean section rates above 10% are not associated with reductions in maternal and newborn mortality rates (WHO, 2015).

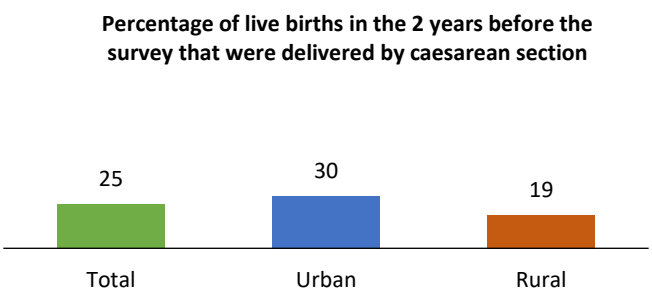
Twenty-five percent of live births in the 2 years preceding the survey were delivered via cesarean section **(Table 9.8)**.

Trends: From 2007 to 2023-24, the percentage of deliveries by cesarean section continued to increase from 7% to 25%.

Patterns by background characteristics

- Live births to women at age 20-34 (27%), live births to women with completed secondary education (33%), and live births to women in the highest wealth quintile (34%) are most likely to have cesarean sections.
- The percentage of live births by cesarean sections in urban areas (30%) is higher than the ones in rural areas (19%) **(Figure 9.6)**.

Figure 9.6 Caesarean section by residence



- Cesarean sections are more common among live births to women who had more than four ANC visits (28%) compared to live births to women who had fewer than four ANC visits or never ANC visits (14%-18%).

9.4.3 Skilled Assistance during Delivery

Skilled assistance during delivery

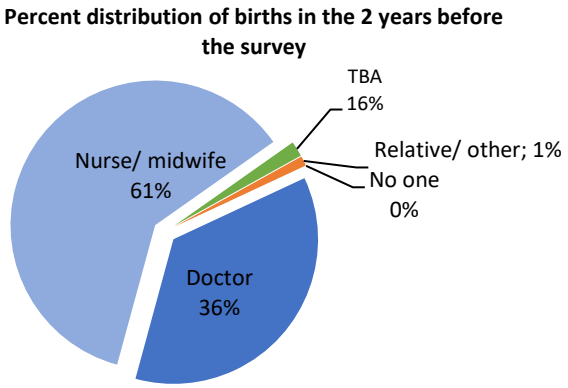
Births are delivered with the assistance of doctors (general practitioner or obstetrician), nurses, and midwives.

Sample: All live births and/or stillbirths in the 2 years before the survey.

Obstetric care from a health professional during delivery is recognized as a critical element in managing complications that may arise during childbirth and reducing maternal and neonatal mortality.

In the 2 years preceding the survey, 97% of live births were assisted by a skilled provider; 61% were assisted by a midwife/nurse; 36% by a doctor (general practitioner and obstetrician) **(Figure 9.7 and Table 9.9)**.

Figure 9.7 Assistance during delivery

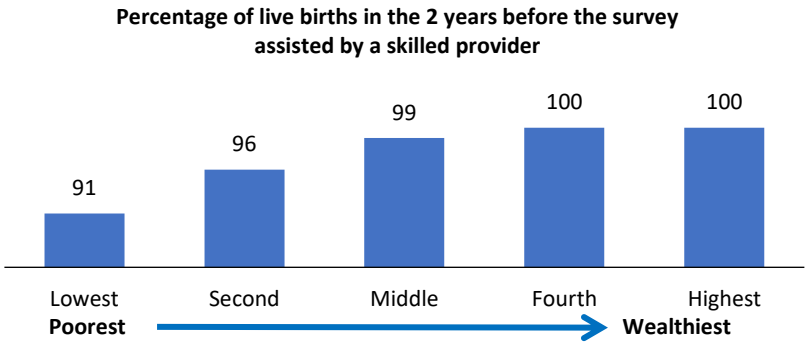


Trends: The proportion of births assisted by a skilled provider increased from 83% in 2012 to 97% in 2023-24. Over the same period, the proportion of births assisted by a traditional birth attendant (TBA) declined from 14% to 2%.

Patterns by background characteristics

- Live births delivered by skilled providers are increasing, followed by the level of wealth quintile. Ninety-one percent of live births to women with the lowest wealth, 96% of live births to women with the second wealth quintile, 99% of live births to women with the middle wealth, and 100% live births in women with middle to upper and highest wealth, respectively **(Figure 9.8)**.

Figure 9.8 Skilled assistance at delivery by household wealth



- Traditional birth attendants still play a role in childbirth, as shown by 12% of live births to women who did not have ANC visits, followed by 3% of live births in mothers who have one to three ANC visits, and 1% of live births in mothers who have more than four ANC visits.

Duration of Stay at Health Facility

The 2023-24 IDHS collected information on the duration of stay in a health facility after delivery for women with live birth and stillbirth in the 2 years preceding the survey. More than half of women (58%) with spontaneous vaginal delivery remained in a health facility for 1-2 days after childbirth **(Table 9.10.1)**. Meanwhile, 57% of women with a cesarean section delivery stayed more than 3 days after birth.

Preparation for Delivery

Preparation for delivery is necessary to ensure the well-being of mothers and newborns. This section discusses topics related to delivery preparation for the last birth in the 2 years before the survey.

- Ninety-two percent of women discussed at least one topic related to birth preparation before delivery (**Table 9.10.2**). The most frequently discussed topic was the place to deliver (87%), while the least commonly discussed topic was preparation for blood donors (49%).
- Topics related to delivery preparation are commonly discussed among women (94%) delivered their first birth, 86% of women delivered second to third births, and 74% of women delivered fourth to fifth births.

9.5 POSTNATAL CARE

9.5.1 Postnatal Health Check for Mothers

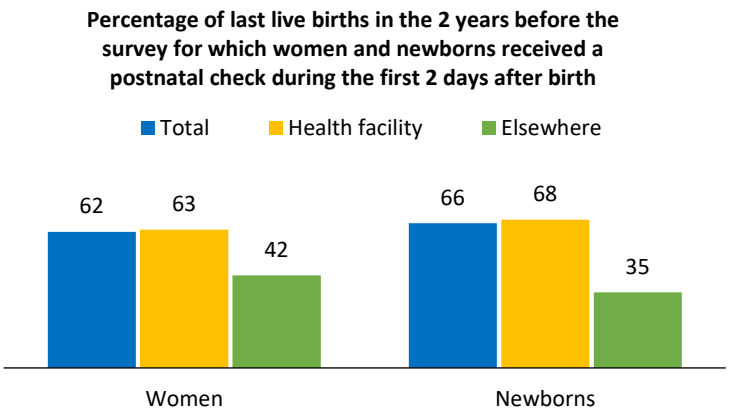
Overall, 62% of women with the most recent live birth in the 2 years preceding the survey received postnatal care (KF 1) within the first 2 days after birth **(Figure 9.9)**. However, 18% of mothers did not receive any postnatal checks **(Table 9.11)**.

Trends: The percentage of mothers who received postnatal care within the first 2 days after delivery decreased from 87% in 2017 to 62% in 2023-24.

Patterns by background characteristics

- Women delivering in a health facility are more likely to receive postnatal care than women delivering elsewhere (63% versus 42%) **(Figure 9.9)**.
- The percentage of women who did not receive postnatal care was highest among women who gave birth in places other than health facilities (elsewhere) (37%), women with the highest birth order (22%), women with completed primary education (23%), women with the lowest wealth (23%), and women who lived in rural areas (22%).

Figure 9.9 Postnatal care by place of delivery



Type of Provider

Almost half of women (44%) who had their most recent livebirth and stillbirth in the 2 years preceding the survey received postnatal care from a doctor/nurse/midwife **(Table 9.12)**, while 19% of women were checked by village midwife.

Content of Care

Postnatal care for the mother during the first 2 days after their most recent birth reported in the 2023-24 IDHS included blood pressure measurement, body temperature measurement, discussing excessive bleeding, and family planning. Four out of ten (40%) women, after their most recent birth, received all four checks performed, like measuring blood pressure, taking the mother's temperature, discussing vaginal bleeding, and family planning **(Table 9.13)**.

9.5.2 Postnatal Health Check for Newborns

Newborns should receive three postnatal checks, one at 6-48 hours after birth (KN 1), one at 3-7 days (KN 2), and one at 8-28 days (KN 3) (MOH, 2021).

Overall, 66% of newborns in the 2 years before the survey received postnatal check within the first 2 days after birth (KN 1) **(Figure 9.9)**. Nevertheless, 3% of newborns did not receive neonatal care until 3-6 days after birth **(Table 9.14)**.

Patterns by background characteristics

- Newborn care in the first 2 days is more common in babies born in health facilities (68%) compared to those born elsewhere (35%).
- Newborns to mothers age 35-49 more commonly did not receive neonatal care (31%) compared to newborns to mothers age 20-34 (25%).
- Newborns who did not receive neonatal care until 3-6 days were more likely to be in the lowest and second wealth quintile (3%-5%).

Type of Provider

Almost half of infants (45%) born in the 2 years before the survey received their first neonatal care from doctor/nurse/midwife and 21% from village midwife **(Table 9.15)**.

Content of Care

The 2023-24 IDHS collected data on whether newborns had selected functions performed during the first 2 days after birth, including examination of the umbilical cord, measurement of body weight and temperature, provision of information to the mother on danger signs, observing and counseling for the mother on breastfeeding. Overall, five of ten newborns (49%) had five of the postnatal care functions performed during the first 2 days after birth. Eighty-six percent of infants (86%) were weighed at birth, 72% had their umbilical cord examined, 69% of mothers received counseling on breastfeeding, and 68% of newborns had their body temperature checked **(Table 9.16)**. However, only 60% to 65% of mothers were given information about danger signs and were observed during breastfeeding.

Postnatal breastfeeding counseling supports exclusive breastfeeding. Face-to-face breastfeeding counseling facilitates observation of positioning and the latch of the infant and allows for tailored breastfeeding counseling and support (WHO, 2018).

9.5.3 Postnatal Health Checks for Mothers and Newborns

Overall, 57% of both mothers and newborns received a postnatal check during the first 2 days after delivery, while 28% of both mothers and newborns did not receive any postnatal check **(Table 9.17)**.

9.6 BREAST AND CERVICAL CANCER EXAMINATIONS

Breast cancer examination

Women were asked if a doctor or other health care provider examined their breasts to check for cancer. The examination could include either a clinical breast exam, in which health care providers use their hands to feel for lumps or other changes, or use of medical equipment to make an image of the breast tissue, such as a mammogram.

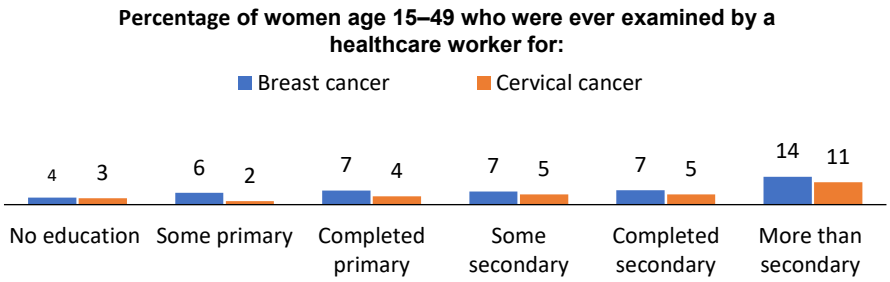
Cervical cancer examination

To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the health care worker uses a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or human papillomavirus (HPV) test. Another method is visual inspection with acetic acid (VIA). In this test, the health care worker puts vinegar on the cervix to see if there is a reaction. Women were asked if a doctor or other health care provider ever tested them for cervical cancer. Information on the type of screening test was not collected.

Sample: Women age 15-49.

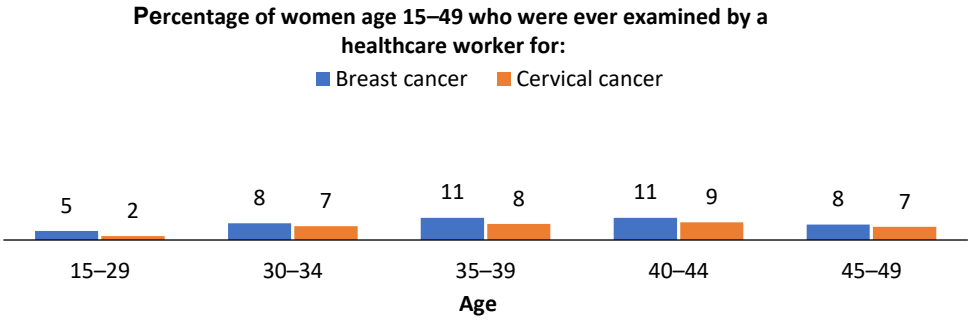
In total, among women age 15-49, 6% have been tested for cervical cancer, and 8% have been examined for breast cancer by a doctor or a health care worker **(Table 9.18)**. The percentage of women who have received breast examinations increases with increasing education status and household wealth **(Figure 9.10)**.

Figure 9.10 Breast and cervical cancer exams by education



Cervical cancer screening is most performed for women age 40-44 (9%). In the same age group, breast cancer examinations are mostly conducted for women age 35-39 and 40-44 (11% each) **(Figure 9.11)**.

Figure 9.11 Breast and cervical cancer exams by age



9.7 Distance and Means of Transport to the Nearest Health Facility

Distance to the nearest health facility is an important determinant of accessibility to health services for women and their children. Delays in accessing health care can lead to serious consequences.

The majority (80%) of women age 15-49 reported traveling less than 30 minutes to the nearest health facility. However, 13% of women travel more than 2 hours to reach the nearest health facility **(Table 9.19)**. A large majority of women (94%) travel to the nearest health facility by motorized transport services, while 6% use non-motorized transportation means.

List of Tables

For more information on maternal and newborn health care, see the following tables:

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- **Table 9.2 Number of antenatal Care Visits and timing of first visit**
- **Table 9.3 Components of antenatal care among women receiving ANC**
- **Table 9.4 Iron-containing supplementation during pregnancy**
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- **Table 9.11 Timing of first postnatal check for the mother**
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- **Table 9.17 Postnatal checks on mother and newborn**
- **Table 9.18 Examinations for breast and cervical cancer**
- **Table 9.19 Distance from health care**

Table 9.1 Antenatal Care

Percent distribution of women age 15-49 who had a live birth and/or stillbirth in the 2 years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent live birth or stillbirth and percentage receiving antenatal care from a skilled provider for the most recent live birth or stillbirth, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Antenatal care provider								Percentage receiving antenatal care from a skilled provider[1]	Number of women
	General practitioner	Obstetrician	Nurse	Midwife	Traditional birth attendant	Other	No ANC	Total		
	LIVE BIRTHS									
Age at birth										
<20	(16.6)	(43.0)	(9.0)	(26.8)	(0.2)	(4.3)	(0.0)	100.0	(95.4)	29
20-34	16.5	46.2	9.6	14.0	0.1	9.5	4.1	100.0	86.2	682
35-49	12.7	44.5	11.5	11.0	0.7	13.5	6.1	100.0	79.7	231
Birth order[2]										
1	14.9	46.5	14.6	13.8	0.0	9.2	1.0	100.0	89.7	237
2-3	13.9	47.1	8.2	15.4	0.1	10.3	4.9	100.0	84.6	592
4-5	25.6	38.8	6.8	5.0	1.4	12.8	9.6	100.0	76.2	106
6+	*	*	*	*	*	*	*	100.0	*	8
Residence										
Urban	12.4	50.2	4.7	18.7	0.2	9.9	3.9	100.0	86.1	525
Rural	19.5	40.0	16.7	7.4	0.3	10.9	5.2	100.0	83.5	417
Education										
No education	*	*	*	*	*	*	*	100.0	*	16
Some primary	*	*	*	*	*	*	*	100.0	*	28
Completed primary	18.7	28.4	17.7	15.8	0.3	12.0	7.2	100.0	80.6	177
Some secondary	11.4	47.8	7.0	22.1	0.5	8.5	2.7	100.0	88.3	178
Completed secondary	19.6	47.5	8.5	10.1	0.0	10.2	4.1	100.0	85.7	378
More than secondary	10.7	63.0	5.8	6.5	0.0	11.4	2.7	100.0	85.9	165
Wealth quintile										
Lowest	13.9	33.4	18.5	10.4	0.3	12.1	11.4	100.0	76.2	177

Second	16.8	38.4	14.9	21.3	0.6	6.0	2.1	100.0	91.4	172
Middle	20.8	32.9	13.6	22.1	0.0	7.2	3.4	100.0	89.4	209
Fourth	15.4	55.3	3.1	11.7	0.0	12.8	1.7	100.0	85.5	215
Highest	9.7	69.5	0.5	1.5	0.4	13.8	4.6	100.0	81.3	169
Total	15.6	45.7	10.0	13.7	0.2	10.3	4.5	100.0	84.9	942
STILLBIRTHS										
Total	*	*	*	*	*	*	*	100,0	*	9
LIVE BIRTHS AND STILLBIRTHS[3]										
Total	15.4	45.8	10.1	13.7	0.2	10.3	4.5	100.0	85.0	951

Notes: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation. Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months.

Figures in parentheses are based on 25-49 unweighted cases.

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

[1] Skilled provider includes general practitioner, obstetrician, nurse, and midwife.

[2] Birth order refers to the order of the birth among the respondent's live births.

[3] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, dała are tabulated for the most recent birth only.

Table 9.2 Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 who had a live birth and/or a stillbirth in the 2 years preceding the survey by number of antenatal care (ANC) visits during pregnancy for the most recent live birth or stillbirth, and by the timing of the first visit; and among women with ANC, median months pregnant at first visit, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Number of ANC visits									Number of months pregnant at time of first ANC visit								
	None	1	2-3	4-7	8+	Don't know	Total	4+ ANC visits	6+ ANC visits	No antenatal care	<4	4-6	7+	Don't know	Total	Number of women	Median months pregnant at first visit (for those with ANC)	Number of women with ANC
								LIVE BIRTHS										
Age at birth																		
<20	(0.0)	(3.2)	(9.5)	(70.7)	(15.6)	(1.0)	100.0	(86.3)	(64.9)	(0.0)	(79.2)	(15.0)	(2.6)	(3.2)	100.0	29	(2.6)	29
20-34	4.1	0.9	10.2	31.4	46.9	6.5	100.0	78.3	61.2	4.1	75.5	9.6	6.4	4.4	100.0	682	2.1	653
35-49	6.1	2.2	16.6	32.8	37.7	4.6	100.0	70.4	49.1	6.1	65.8	13.9	11.7	2.5	100.0	231	2.5	217
Birth order[2]																		
1	1.0	1.0	9.8	33.3	49.4	5.4	100.0	82.7	65.4	1.0	85.0	6.9	6.0	1.1	100.0	237	1.9	234
2-3	4.9	0.9	10.0	32.9	46.4	4.8	100.0	79.3	61.5	4.9	73.4	11.1	6.7	3.9	100.0	592	2.3	563
4-5	9.6	3.5	24.1	32.6	17.5	12.7	100.0	50.1	26.1	9.6	46.6	17.3	16.2	10.4	100.0	106	3.4	96
6+	*	*	*	*	*	*	100.0	*	*	*	*	*	*	*	100.0	8	*	7
Residence																		
Urban	3.9	0.4	9.0	35.5	47.3	3.8	100.0	82.9	65.4	3.9	78.5	8.9	5.7	3.1	100.0	525	2.2	505
Rural	5.2	2.3	15.1	29.7	39.1	8.5	100.0	68.8	49.4	5.2	66.6	13.3	10.0	5.0	100.0	417	2.3	395
Education																		
No education	*	*	*	*	*	*	100.0	*	*	*	*	*	*	*	100.0	16	*	15
Some primary	*	*	*	*	*	*	100.0	*	*	*	*	*	*	*	100.0	28	*	24
Completed primary	7.2	0.8	12.4	38.1	36.1	5.4	100.0	74.2	51.1	7.2	67.4	10.7	10.2	4.5	100.0	177	2.4	164
Some secondary	2.7	2.8	18.2	30.5	39.7	6.0	100.0	70.3	52.3	2.7	68.9	12.8	11.0	4.5	100.0	178	2.5	173
Completed secondary	4.1	1.2	8.9	29.6	49.1	7.2	100.0	78.7	63.0	4.1	76.1	8.9	6.4	4.5	100.0	378	2.0	363
More than secondary	2.7	0.0	12.0	30.1	51.8	3.4	100.0	81.9	64.5	2.7	82.5	10.1	2.9	1.9	100.0	165	2.0	161

Table 9.2 Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 who had a live birth and/or a stillbirth in the 2 years preceding the survey by number of antenatal care (ANC) visits during pregnancy for the most recent live birth or stillbirth, and by the timing of the first visit; and among women with ANC, median months pregnant at first visit, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Number of ANC visits									Number of months pregnant at time of first ANC visit								
	None	1	2-3	4-6	8+	Don't know	Total	4+ ANC visits	6+ ANC visits	No antenatal care	<4	4-6	7+	Don't know	Total	Number of women	Median months pregnant at first visit (for those with ANC)	Number of women with ANC
Wealth quintile																		
Lowest	11.4	3.6	14.3	28.8	31.4	10.4	100.0	60.2	44.1	11.4	62.6	11.0	11.2	3.8	100.0	177	2.6	157
Second	2.1	1.8	12.1	38.1	40.2	5.7	100.0	78.4	52.7	2.1	64.9	21.0	6.5	5.6	100.0	172	2.7	169
Middle	3.4	1.2	8.9	35.9	43.4	7.2	100.0	79.2	61.0	3.4	70.9	9.6	8.4	7.7	100.0	209	2.0	202
Fourth	1.7	0.0	13.6	30.7	48.7	5.2	100.0	79.4	62.7	1.7	83.2	9.0	4.5	1.6	100.0	215	2.0	211
Highest	4.6	0.0	9.7	31.1	54.0	0.6	100.0	85.1	70.1	4.6	83.0	4.2	7.6	0.5	100.0	169	1.9	161
Total	4.5	1.3	11.7	32.9	43.7	5.9	100.0	76.6	58.3	4.5	73.2	10.8	7.6	3.9	100.0	942	2.2	900
STILLBIRTHS																		
Total	*	*	*	*	*	*	100.0	*	*	*	*	*	*	*	100.0	9	*	9
LIVE BIRTHS AND STILLBIRTHS[3]																		
Total	4.5	1.4	11.7	32.8	43.7	5.8	100.0	76.5	58.4	4.5	73.2	10.8	7.6	3.9	100.0	951	2.2	909

Note: Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Birth order refers to the order of the birth among the respondent's live births.

[2] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.3 Components of antenatal care among women receiving ANC

Among women age 15-49 receiving antenatal care (ANC) for the most recent live birth and/or stillbirth in the 2 years preceding the survey, percentage receiving specific antenatal services from a healthcare provider, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Among women who received antenatal care for their most recent live birth or stillbirth in the last 2 years, percentage who received specific services during ANC from a healthcare provider:												Number of women with ANC for their most recent live birth and/or stillbirth in the last 2 years
	Blood pressure measured	Urine sample taken	Blood sample taken	Baby's heart-beat listened for	Measure height and weight	Counseled about breastfeeding	Referred if there is a problem	Measured MUAC	Measured height of fundus	Screened for tetanus immunization	Gave iron tablets	Gave a consultation	
						LIVE BIRTHS							
Age of birth													
<20	(100.0)	(75.7)	(71.2)	(84.6)	(98.8)	(79.3)	(63.0)	(94.9)	(92.0)	(89.0)	(95.3)	(81.4)	29
20-34	97.4	67.2	71.4	96.8	97.3	78.4	64.1	92.6	85.9	76.2	94.5	92.4	653
35-39	97.2	67.5	71.0	93.3	95.2	80.0	65.0	92.3	90.1	82.5	95.0	96.2	217
Birth order[1]													
1	99.4	62.0	67.4	96.8	97.9	77.1	52.2	92.6	90.0	78.9	93.3	88.2	234
2-3	96.8	69.5	72.1	95.7	96.9	79.0	68.0	92.9	86.4	77.9	94.7	95.0	563
4-5	96.0	70.7	77.0	92.9	94.0	83.3	74.2	90.7	84.7	77.9	97.0	92.6	96
6+	*	*	*	*	*	*	*	*	*	*	*	*	7
Residence													
Urban	98.0	67.0	69.8	96.1	97.5	80.4	63.9	91.9	86.4	76.2	94.3	94.4	505
Rural	96.7	68.2	73.2	94.8	96.0	76.7	64.8	93.6	88.0	80.6	95.0	91.2	395
Education													
No education	*	*	*	*	*	*	*	*	*	*	*	*	15
Some primary	*	*	*	*	*	*	*	*	*	*	*	*	24
Completed primary	97.7	66.9	69.6	95.1	96.7	73.4	51.7	94.3	86.9	78.0	96.0	95.4	164
Some secondary	97.9	71.6	74.3	93.4	96.0	84.1	66.2	93.3	88.4	76.4	96.3	92.1	173
Completed secondary	96.5	65.0	70.3	96.9	96.9	76.6	64.4	92.4	86.5	78.6	94.3	90.0	363

More than secondary	99.3	76.1	78.0	96.5	97.5	83.8	69.8	93.0	88.7	76.8	91.8	97.6	161
Wealth quintile													
Lowest	96.7	63.1	72.3	92.2	94.4	69.7	57.6	90.0	77.3	72.6	94.3	90.7	157
Second	94.3	62.8	62.2	92.0	95.2	80.0	65.9	94.3	90.3	74.9	92.9	91.6	169
Middle	97.4	68.1	73.0	96.3	95.8	72.6	61.2	92.5	92.7	81.4	96.4	94.6	202
Fourth	99.7	71.7	71.7	98.6	99.2	80.8	63.8	92.3	87.8	80.8	96.9	90.1	211
Highest	98.4	70.7	77.1	97.6	99.1	91.6	73.6	94.0	85.5	79.2	91.6	98.4	161
Total	97.4	67.5	71.3	95.6	96.8	78.8	64.3	92.6	87.1	78.1	94.6	93.0	900

Among women who received antenatal care for their most recent live birth or stillbirth in the last 2 years, percentage who received specific services during ANC from a healthcare provider:

Background characteristic	Blood pressure measured	Urine sample taken	Blood sample taken	Baby's heart beat listened for	Measure height and weight	Counseled about breastfeeding	Referred if there is a problem	Measured MUAC	Measured height of fundus	Screened for tetanus immunization	Gave iron tablets	Gave a consultation	Number of women with ANC for their most recent live birth and/or stillbirth in the last 2 years
STILLBIRTHS													
Total	*	*	*	*	*	*	*	*	*	*	*	*	9
LIVE BIRTHS AND STILLBIRTHS[2]													
Total	97.4	67.6	71.4	95.5	96.7	78.7	64.3	92.5	87.0	78.0	94.5	92.8	909

Notes: The denominator for this table includes all women with a birth in the 2 years preceding the survey who received ANC for this birth. Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months.

Figures in parentheses are based on 25-49 unweighted cases.

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

[1]Birth order refers to the order of the birth among the respondent's live births.

[2]For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.4 Iron-containing supplementation during pregnancy

Among women age 15-49 with a live birth or stillbirth in the 2 years preceding the survey, percentages who took any iron-containing supplements during the pregnancy of the most recent live birth or stillbirth, and percent distribution of the number of days during which women age 15-49 a live birth or stillbirth in the 2 years preceding the survey took iron-containing supplements during pregnancy for the most recent live birth or stillbirth, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Among women with a live birth and/or stillbirth in the last 2 years, percentage who during pregnancy for the most recent live birth or stillbirth: Took any iron-containing supplements[1]	The number of days during which women age 15-49 a live birth or stillbirth in the last 2 years took iron-containing supplements[2] during pregnancy for the most recent live birth or stillbirth: None	<60	60-89	90-179	180+	Don't know	Total	Number of woman with a live birth and/or stillbirth in the last 2 years
				LIVE BIRTHS					
Age at birth									
<20	(41.9)	(58.1)	(31.2)	(0.0)	(0.5)	(2.4)	(7.9)	100.0	29
20-34	68.3	31.7	30.9	1.1	9.2	8.0	19.1	100.0	682
35-49	72.6	27.4	30.8	1.2	6.8	5.5	28.3	100.0	231
Birth order[2]									

1	66.9	33.1	28.0	0.8	12.1	7.0	19.0	100.0	237
2–3	71.0	29.0	33.8	1.2	7.4	7.0	21.6	100.0	592
4–5	59.0	41.0	20.1	1.7	5.5	9.6	22.0	100.0	106
6+	*	*	*	*	*	*	*	100.0	8
Residence									
Urban	69.7	30.3	30.7	1.2	12.6	5.8	19.4	100.0	525
Rural	67.1	32.9	31.1	1.0	3.0	9.0	23.0	100.0	417
Education									
No education	*	*	*	*	*	*	*	100.0	16
Some primary	*	*	*	*	*	*	*	100.0	28
Completed primary	71.6	28.4	35.7	1.1	5.4	5.9	23.5	100.0	177
Some secondary	66.2	33.8	24.2	0.9	5.1	5.4	30.6	100.0	178
Completed secondary	70.6	29.4	31.9	1.6	11.8	9.4	15.9	100.0	378
More than secondary	67.2	32.8	29.5	0.5	9.3	6.8	21.0	100.0	165
Wealth quintile									
Lowest	54.1	45.9	29.0	0.5	4.3	4.2	16.1	100.0	177
Second	77.5	22.5	39.8	1.4	10.6	9.1	16.7	100.0	172
Middle	65.5	34.5	26.6	1.9	2.5	6.4	28.1	100.0	209
Fourth	73.1	26.9	34.7	0.0	10.1	7.1	21.2	100.0	215
Highest	72.6	27.4	24.1	2.0	15.4	9.6	21.5	100.0	169
Total	68.5	31.5	30.9	1.1	8.4	7.2	21.0	100.0	942
STILLBIRTHS									
Total	*	*	*	*	*	*	*	100.0	9
LIVE BIRTHS AND STILLBIRTHS[2]									
Total	68.7	31.3	30.7	1.1	8.3	7.5	21.0	100.0	951

Table 9.5 Complications during pregnancy

Percentage of last births in the 2 years preceding the survey for which the mother had complications associated with the pregnancy, by type of complications and maternity care indicators, Indonesia DHS 2023-24

Maternity indicators	Premature labor	Excessive vaginal bleeding	Fever	Convulsions and fainting	Vomiting and numb in face or headache with convulsions	Breaking of water before time	Other	No Complications	Number of births
Number of ANC visits									
None	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	42
1	*	*	*	*	*	*	*	*	12
2-3	1.7	0.6	0.1	0.5	0.6	0	0.3	97.4	111
4-7	1.7	2.8	1.9	1.2	4.9	1.2	2.7	90.1	310
8+	1.9	2.1	1	1.9	0.7	0.4	1.9	94	412
Don't know	2	6.6	5.8	0.0	2	0.0	5.4	86.8	56
Actions taken to overcome the complications[1]									
Did nothing	*	*	*	*	*	*	*	na	7
Sought help from non-health workers	*	*	*	*	*	*	*	na	15
Sought help from health workers	18.9	38	16.4	17.3	32.1	6.9	28.6	na	46
Other	*	*	*	*	*	*	*	na	3
Total	1.8	2.3	1.4	1.4	2.1	0.7	2.2	88.4	942

Note: Women were able to provide more than one response about what they did to overcome pregnancy complications so the percentages taking various actions to deal with a complication add to more than 100 percent.

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

na = not applicable.

[1] Includes only those reporting any complications.

Notes: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation. Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months.

Figures in parentheses are based on 25-49 unweighted cases.

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

[1] Skilled provider includes general practitioner, obstetrician, nurse, and midwife.

[2] Birth order refers to the order of the birth among the respondent's live births.

[3] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, dała are tabulated for the most recent birth only.

Table 9.6 Tetanus toxoid injections

Among women age 15-49 with a live birth in the 2 years preceding the survey, percentage receiving two or more tetanus toxoid injections during the pregnancy for the most recent live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage receiving two or more injections during the pregnancy for the last live birth	Percentage whose most recent live birth was protected against neonatal tetanus[1]	Number of women
Age at birth			
<20	(39.1)	(50.6)	29
20-34	26.3	39.5	682
35-49	25.2	37.8	231
Birth order[2]			
1	27.4	42.6	237
2-3	28.2	39.6	592
4-5	14.0	31.5	106
6+	*	*	8
Residence			
Urban	25.2	38.8	525
Rural	27.9	40.2	417
Education			
No education	*	*	16
Some primary	*	*	28
Completed primary	23.7	32.6	177
Some secondary	32.5	46.3	178
Completed secondary	24.9	37.6	378
More than secondary	23.2	41.6	165
Wealth quintile			
Lowest	31.5	40.5	177
Second	30.2	47.1	172
Middle	19.2	31.5	209
Fourth	33.3	40.1	215

Highest	17.3	39.5	169
Total	26.4	39.4	942

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

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

[1] Includes women with two injections during the pregnancy for the most recent live birth, or two or more injections (the last within 3 years of the most recent live birth), or three or more injections (the last within 5 years of the most recent live birth), or four or more injections (the last within 10 years of the most recent live birth), or five or more injections at any time prior to the most recent birth.

[2] Birth order refers to the order of the birth among the respondent's live births.

Table 9.7 Place of delivery

Percent distribution of live births and/or stillbirths in the 2 years preceding the survey by place of deluvery and percentage delivered in a health facility, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Health facility										Percentage delivered in a health facility [7]	Number of births
	Public hospital [1]	Private hospital [2]	Community health center [3]	Clinic [4]	Private doctor / midwife/nurse [5]	Community-based health care [6]	Village midwife	Home	Other	Total		
	LIVE BIRTHS											
Mother's age at birth												
<20	(21.4)	(2.1)	(45.2)	(0.0)	(0.4)	(0.0)	(18.9)	(11.9)	(0.0)	100.0	(69.1)	31
20-34	35.7	7.8	24.9	4.1	6.1	1.1	16.1	4.1	0.0	100.0	78.7	693
35-49	30.5	3.4	23.3	4.3	6.9	0.4	24.4	6.9	0.0	100.0	68.4	233
Birth order [8]												
1	36.4	8.2	17.6	7.7	7.2	0.2	17.7	4.9	0.0	100.0	77.1	241
2-3	34.7	6.6	25.9	3.2	6.5	1.3	18.4	3.4	0.0	100.0	76.9	601
4-5	25.3	2.6	38.4	0.9	2.1	0.0	18.7	12.0	0.0	100.0	69.3	107
6+	*	*	*	*	*	*	*	*	*	100.0	*	8
Antenatal care visits [9]												
None	34.0	6.1	20.2	0.0	0.1	0.0	16.3	23.2	0.0	100.0	60.5	42
1-3	26.4	3.7	26.1	2.8	2.7	1.0	28.0	9.2	0.0	100.0	61.7	122
4+	35.5	7.5	25.2	4.8	7.0	0.6	16.2	3.2	0.0	100.0	80.0	722
Don't know/missing	26.8	0.5	29.5	1.0	8.2	4.5	23.7	5.9	0.0	100.0	65.9	56
Residence												
Urban	39.8	9.2	20.3	3.8	7.6	0.6	17.2	1.5	0.0	100.0	80.7	534
Rural	26.6	3.2	31.4	4.4	4.2	1.2	19.5	9.4	0.0	100.0	69.9	423

Mother's education												
No education	*	*	*	*	*	*	*	*	*	100.0	*	17
Some primary	*	*	*	*	*	*	*	*	*	100.0	*	29
Completed primary	17.6	4.1	43.6	10.6	5.0	0.7	11.6	6.8	0.0	100.0	80.9	180
Some secondary	23.6	5.8	26.5	1.2	9.4	1.1	28.8	3.8	0.0	100.0	66.4	183
Completed secondary	46.5	6.6	18.9	3.0	5.6	1.2	14.4	3.6	0.0	100.0	80.7	380
More than secondary	38.6	11.7	20.7	3.5	5.0	0.2	18.6	1.7	0.0	100.0	79.5	168
Wealth quintile												
Lowest	26.1	3.3	39.0	2.0	3.3	1.3	7.8	17.1	0.0	100.0	73.7	181
Second	30.4	7.2	25.1	0.9	6.1	1.8	23.1	5.4	0.0	100.0	69.7	177
Middle	25.3	5.0	29.2	9.4	8.1	1.1	19.1	2.7	0.0	100.0	77.1	211
Fourth	46.0	4.3	17.3	5.5	6.7	0.1	19.7	0.4	0.0	100.0	79.8	217
Highest	41.5	14.1	15.7	1.0	5.9	0.0	21.3	0.5	0.0	100.0	78.2	171
Total	34.0	6.6	25.2	4.0	6.1	0.9	18.2	5.0	0.0	100.0	75.9	957

STILLBIRTHS

Background characteristic	Health facility										Percentage delivered in a health facility[7]	Number of births
	Public hospital[1]	Private hospital[2]	Community health center[3]	Clinic[4]	Private doctor / midwife/ nurse[5]	Community-based health care[6]	Village midwife	Home	Other	Total		
Total	*	*	*	*	*	*	*	*	*	100.0	*	10
LIVE BIRTHS AND STILLBIRTHS[10]												
Total	34.2	6.5	25.0	4.0	6.2	0.8	18.1	5.2	0.0	100.0	75.9	967

Note: Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months.

Figures in parentheses are based on 25-49 unweighted cases.

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

[1]Includes general, central, or regional hospitals managed by the government.

[2]Includes general hospitals and maternity and child hospitals managed by private organizations.

[3]Includes sub-district, villlage, and mobile community health centers.

[4]Includes clinics (military, specialists, and private clinics) managed by both the government and private organizations.

[5]Private sector health workers, including obstetricians, general practitioners, midwives, and nurses.

[6]Includes integrated health service post, village health post, and village maternity post usually managed by midwives.

[7]Health facilities include hospitals, clinics, and health care centers according to Minister of Health Decree No.47/2026.

[8]Birth order refers to the order of the birth among the respondent's live births.

[9]Include only the most recent birth in the 2 years preceding the survey.

[10]For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.8 Caesarean section

Percentage of live births and/or stillbirths in the 2 years preceding the survey delivered by Caesarean section (C-section), according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage delivered by C-section	Number of births
	LIVE BIRTHS	
Mother's age at birth		
<20	(12.9)	31
20-34	26.7	693
35-49	21.1	233
Birth order[1]		
1	23.2	241
2-3	27.9	601
4-5	12.4	107
6+	*	8
Antenatal care visits[2]		
None	18.4	42
1-3	14.1	122
4+	28.3	722
Don't know/missing	5.8	56
Place of delivery		
Health facility	26.2	909
Government	26.2	747
Private medical sector	26.2	154
Community-based health care	*	8
Residence		
Urban	29.7	534
Rural	18.8	423
Mother's education		
No education	*	17
Some primary	*	29
Completed primary	11.4	180
Some secondary	20.8	183
Completed secondary	32.7	380
More than secondary	28.3	168
Wealth quintile		
Lowest	17.6	181

Second	31.4	177
Middle	16.9	211
Fourth	26.6	217
Highest	33.5	171
Total	24.9	957
STILLBIRTHS		
Total	*	10
LIVE BIRTHS AND STILLBIRTHS[2]		
Total	25.1	967

Notes: The question on C-section is asked only of women who delivered in a health facility. In this table, it is assumed that women who did not give birth in health facility did not receive a C-section. Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lansing 7 or more months.

Figures in parentheses are based on 25-49 unweighted cases.

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

[1] Birth order refers to the order of the birth among the respondent's live births

[2] Includes only the most recent birth in the 2 years preceding the survey.

Table 9.9 Assistance during delivery

Percent distribution of live births and/or stillbirths in the 2 years preceding the survey by person providing assistance during delivery and percentage assisted by a skilled provider; among most recent live births in the 2 years preceding the survey, percentage with skin-to-skin contact immediately after birth, according to background characteristics, Indonesia DHS 2023-24

	Person providing assistance during delivery										Among most recent live births	
Background characteristics	General practitioner	Obstetrician	Nurse	Midwife	Traditional birth attendant	Relative/friend/other	No one	Total	Percentage delivered by a skilled provider[1]	Number of live births and/or stillbirths	Percentage with skin-to-skin contact immediately after birth	Number of live births
LIVE BIRTHS												
Mother's age at birth												
<20	(0.2)	(14.7)	(17.8)	(50.3)	(3.5)	(13.6)	(0.0)	100.0	(82.9)	31	(68.9)	29

20–34	7.9	30.8	3.0	56.6	1.0	0.7	0.0	100.0	98.3	693	58.2	682
35–49	7.0	25.8	2.5	60.4	3.7	0.6	0.0	100.0	95.7	233	64.9	231
Birth order[2]												
1	4.7	31.9	3.3	57.1	0.8	2.2	0.0	100.0	97.0	241	61.3	237
2–3	8.3	28.7	3.8	58.0	0.9	0.4	0.0	100.0	98.8	601	58.8	592
4–5	9.2	25.3	1.5	54.7	6.5	2.8	0.0	100.0	90.7	107	66.3	106
5+	*	*	*	*	*	*	*	100.0	*	8	*	8
Antenatal care visits[3]												
None	17.3	14.2	6.0	45.3	12.4	4.7	0.0	100.0	82.8	42	52.9	42
1–3	3.9	16.0	0.9	74.7	2.9	1.6	0.0	100.0	95.5	122	64.8	122
4+	7.8	31.0	3.6	56.2	0.6	0.8	0.0	100.0	98.6	722	61.7	722
Don't know/missing	3.0	39.9	2.2	49.3	5.7	0.0	0.0	100.0	94.3	56	35.1	56
Place of delivery												
Health facility	7.7	30.6	3.5	57.6	0.1	0.5	0.0	100.0	99.4	909	61.0	895
Government	8.6	30.1	4.0	56.6	0.1	0.6	0.0	100.0	99.3	747	59.8	735
Private medical sector	3.8	34.5	1.2	60.5	0.0	0.0	0.0	100.0	100.0	154	66.8	152
Community-based health care	*	*	*	*	*	*	*	100.0	*	8	*	8
Elsewhere	2.6	0.0	1.1	52.0	31.6	12.9	0.0	100.0	55.6	48	44.9	47
Residence												
Urban	4.9	35.9	2.1	55.6	0.7	0.8	0.0	100.0	98.5	534	62.7	525
Rural	10.7	20.3	5.0	59.5	3.0	1.5	0.0	100.0	95.5	423	57.0	417
Mother's education												

No education	*	*	*	*	*	*	*	100.0	*	17	*	16
Some primary	*	*	*	*	*	*	*	100.0	*	29	*	28

	Person providing assistance during delivery										Among most recent live births	
Background characteristics	General practitioner	Obstetrician	Nurse	Midwife	Traditional birth attendant	Relative/friend/other	No one	Total	Percentage delivered by a skilled provider[1]	Number of live births and/or stillbirths	Percentage with skin-to-skin contact immediately after birth	Number of live births
Completed primary	7.8	13.2	5.8	69.9	2.4	0.8	0.0	100.0	96.8	180	61.8	177
Some secondary	5.8	21.5	3.9	64.6	2.1	2.3	0.0	100.0	95.7	183	65.2	178
Completed secondary	10.7	35.6	2.2	50.1	0.8	0.5	0.0	100.0	98.6	380	56.5	378
More than secondary	3.5	41.9	3.3	51.3	0.0	0.0	0.0	100.0	100.0	168	59.9	165
Wealth quintile												
Lowest	7.3	18.6	12.3	52.6	5.8	3.4	0.0	100.0	90.8	181	61.9	177
Second	3.9	27.8	0.9	63.0	2.0	2.5	0.0	100.0	95.5	177	56.2	172
Middle	7.3	21.7	2.5	67.4	1.1	0.0	0.0	100.0	98.9	211	69.6	209
Fourth	10.7	38.4	1.3	49.6	0.0	0.0	0.0	100.0	100.0	217	50.9	215
Highest	7.4	38.6	0.4	53.6	0.0	0.0	0.0	100.0	100.0	171	62.3	169
Total	7.5	29.0	3.4	57.3	1.7	1.1	0.0	100.0	97.2	957	60.2	942
STILLBIRTHS												
Total	*	*	*	*	*	*	*	100.0	*	10	na	na
LIVE BIRTHS AND STILLBIRTHS[4]												
Total	7.4	29.4	3.4	56.9	1.7	1.1	0.1	100.0	97.1	967	na	na

na= Not applicabale.

Notes: If the respondents mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months.

Figures in parentheses are based on 25-49 unweighted cases.

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

[1]Skilled provider includes general practitioner, obstetrician, nurse, and midwife.

[2]Birth order refers to the order of ther birth among the respondent's live births.

[3]Includes only the most recent birth in the 2 years preceding the survey.

[4]For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.10.1 Duration of stay in health facility after birth

Among women with a live birth and/or stillbirth in the 2 years preceding the survey who delivered their most recent live birth in a health facility, percent distribution by duration of stay in the health facility following their most recent live birth, according to type of delivery, Indonesia DHS 2023-24

Type of delivery	< 6 hours	6-11 hours	12-23 hours	1-2 days	3+ days	Missing	Total	Number of women
LIVE BIRTHS								
Vaginal birth	10.9	9.5	5.2	57.7	10.7	5.9	100.0	662
Caesarean section	5.7	0.2	0.0	35.1	57.2	1.8	100.0	232
STILLBIRTHS								
Vaginal birth	*	*	*	*	*	*	100.0	3
Caesarean section	*	*	*	*	*	*	100.0	5
LIVE BIRTHS AND STILLBIRTHS[1]								
Vaginal birth	11.0	9.5	5.2	57.7	10.7	5.9	100.0	664
Caesarean section	5.6	0.2	0.0	35.9	56.5	1.7	100.0	237

Note: Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months.

[1] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.10.2 Preparation for delivery

Percentage of last births in the 2 years preceding the survey for which the mother discussed specific topics during the pregnancy, according to background characteristics, Indonesia DHS 2023-24

	Topics discussed								
Background characteristic	Place to deliver	Transpo r-tation	Deliver y assis-tance	Payment	Blood dono r	Postpartu m family planning	At least one topic discussed	No topics discusse d	Numbe r of births
Mother's age at birth									
<20	(93.0)	(90.2)	(96.5)	(96.0)	(58.5)	(80.2)	(96.6)	(3.4)	29
20-34	86.2	74.7	81.0	84.7	50.5	65. 2	91. 5	8.5	682

35–49	87.4	80.0	82.8	85.5	43.4	57.3	90.7	9.3	231
Birth order[1]									
1	93.9	82.2	89.9	92.8	56.2	66.3	97.6	2.4	237
2–3	86.2	76.2	79.7	84.4	49.9	64.9	90.8	9.2	592
4–5	74.1	66.5	76.6	73.4	28.6	52.3	81.4	18.6	106
6+	*	*	*	*	*	*	*	*	8
Residence									
Urban	88.7	80.3	86.3	88.9	53.9	68.3	93.2	6.8	525
Rural	84.2	71.6	76.4	80.7	42.9	57.9	89.2	10.8	417
Education									
No education	*	*	*	*	*	*	*	*	16
Some primary	*	*	*	*	*	*	*	*	28
Completed primary	78.1	74.8	78.0	77.3	49.5	61.6	84.3	15.7	177
Some secondary	90.3	81.2	81.4	91.1	39.2	68.8	94.8	5.2	178
Completed secondary	85.6	72.5	78.7	84.8	51.4	64.1	91.2	8.8	378
More than secondary	95.9	84.2	94.2	89.8	54.6	60.2	96.9	3.1	165
Wealth quintile									
Lowest	73.3	62.2	75.4	76.3	43.4	55.0	83.4	16.6	177
Second	86.3	78.1	83.1	80.7	36.2	63.6	91.0	9.0	172
Middle	90.0	81.4	81.2	86.3	52.8	63.1	92.8	7.2	209
Fourth	92.7	79.1	83.2	91.5	56.2	67.1	96.1	3.9	215
Highest	89.4	80.1	86.9	90.1	54.2	69.5	92.7	7.3	169
Total	86.7	76.5	81.9	85.3	49.0	63.7	91.5	8.5	942

[1]Birth order refers to the order of ther birth among the respondent's live births.

Table 9. 11 Timing of first postnatal check for the mother

Among women age 15-49 with a live birth and/or stillbirth in the 2 years preceding the survey, percent distribution of the mother's first postnatal check for the most recent live birth or stillbirth by time after delivery, and percentage of women with a live birth or stillbirth during the 2 years preceding the survey who received a postnatąl check in the fłrst 2 days after giving birth, according to background characteristics, Indonesia DHS 2023-24

	Time after delivery of mother's first postnatal check[1]									
Background characteristic	Less than 4 hours	4-23 hours	1-2 days	3-6 days	7-41 days	Don't know	No postnatal check[2]	Total	Percentage of women with a postnatal check during the first 2 days after birth[2]	Number of women
					LIVE BIRTHS					
Age at birth										
<20	(57.4)	(0.0)	(2.7)	(7.4)	(10.5)	(12.3)	(9.6)	100.0	(60.1)	29
20-34	50.4	4.9	8.4	2.1	12.3	4.2	17.8	100.0	63.6	682
35-49	35.4	8.0	15.6	3.4	11.2	6.8	19.7	100.0	59.0	231
Birth order[3]										
1	52.3	2.7	3.2	0.8	12.1	7.0	19.0	100.0	58.2	237
2-3	45.9	7.3	11.5	1.2	7.4	7.0	21.6	100.0	64.8	592
4-5	40.8	1.6	17.4	1.7	5.5	9.6	22.0	100.0	59.8	106
6+	*	*	*	*	*	*	*	100.0	*	8
Place of delivery										
Health facility	47.5	5.8	10.1	2.6	11.8	5.1	17.1	100.0	63.4	895
Elsewhere	34.9	0.0	7.4	2.1	14.5	4.4	36.6	100.0	42.4	47
Residence										
Urban	44.1	6.6	96.0	2.4	16.2	5.8	15.1	100.0	60.4	525
Rural	50.5	4.1	10.7	2.8	6.5	4.1	21.7	100.0	64.9	417
Education										
No education	*	*	*	*	*	*	*	100.0	*	16

Some primary	*	*	*	*	*	*	*	100.0	*	28
Completed primary	50.0	3.6	7.7	2.4	7.9	5.8	22.6	100.0	61.3	177
Some secondary	43.3	6.6	15.0	3.5	14.0	4.8	12.9	100.0	64.9	178
Completed secondary	48.8	6.2	7.9	3.1	11.5	4.5	18.0	100.0	62.9	378
More than secondary	48.6	5.6	6.7	1.4	14.0	4.8	18.9	100.0	60.9	165
Wealth quintile										
Lowest	45.4	6.6	8.0	4.0	9.1	3.5	23.3	100.0	60.1	177
Second	48.1	2.1	15.8	3.7	10.3	5.8	14.2	100.0	66.0	172
Middle	50.7	3.2	7.0	3.3	10.9	6.8	18.1	100.0	60.9	209
Fourth	44.7	9.8	8.9	1.1	13.0	5.4	17.0	100.0	63.4	215
Highest	45.4	5.1	11.2	0.9	16.4	3.3	17.6	100.0	61.7	169
Total	46.9	5.5	10.0	2.6	11.9	5.1	18.0	100.0	62.4	942
STILLBIRTHS										
Total	*	*	*	*	*	*	*	100,0	*	9
LIVE BIRTHS AND STILLBIRTHS[4]										
Total	46.8	5.4	10	7.7	12.2	5.0	17.9	100.0	62.2	951

Notes: Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months.

Figures in parentheses are based on 25-49 unweighted cases.

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

[1] Includes women who received a check from a doctor, nurse/midwife, auxiliary midwife, community health worker/fieldworker, or traditional birth attendant.

[2] Includes women who received a check after 41 days.

[3] Birth order refers to the order of the birth among the respondent's live births.

[4] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

Table 9.12 Type of provider of first postnatal check for the mother

Among women age 15-49 with a live birth and/or stillbirth in the 2 years preceding the survey, percent distribution by type of provider of the mother's first postnatal health check during the 2 days after the most recent live birth, according to background characteristics, Indonesia DHS 2023-24

Type of health provider of mother's first postnatal check

Background characteristic	Doctor/nurse/midwife	Auxiliary midwife	Traditional birth attendant	No postnatal check during the first 2 days after birth	Total	Number of women
			LIVE BIRTHS			
Age at birth						
<20	(36.3)	(23.8)	(0.0)	(39.9)	100.0	29
20-34	46.4	17.2	0.0	36.4	100.0	682
35-49	36.6	22.3	0.1	41.0	100.0	231
Birth order[1]						
1	41.8	16.4	0.0	41.8	100.0	237
2-3	45.4	19.3	0.0	35.2	100.0	592
4-5	39.5	20.0	0.2	40.2	100.0	106
6+	*	*	*	*	100.0	8
Place of delivery						
Health facility	45.0	18.4	0.0	36.6	100.0	895
Elsewhere	18.2	23.6	0.5	57.6	100.0	47
Residence						
Urban	44.6	15.7	0.1	39.6	100.0	525
Rural	42.5	22.4	0.0	35.1	100.0	417
Education						
No education	*	*	*	*	100.0	16
Some primary	*	*	*	*	100.0	28
Completed primary	50.8	10.4	0.0	38.7	100.0	177
Some secondary	36.9	27.8	0.1	35.1	100.0	178
Completed secondary	46.8	16.1	0.1	37.1	100.0	378
More than secondary	44.2	16.7	0.0	39.1	100.0	165
Wealth quintile						
Lowest	45.8	14.3	0.0	39.9	100.0	177
Second	44.1	21.8	0.1	34.0	100.0	172
Middle	41.1	19.8	0.0	39.1	100.0	209
Fourth	44.0	19.3	0.1	36.6	100.0	215
Highest	43.9	17.8	0.0	38.3	100.0	169
Total	43.7	18.7	0.1	37.6	100.0	942
			STILLBIRTHS			
Total	*	*	*	*	100.0	9
			LIVE BIRTHS AND STILLBIRTHS[2]			
Total	43.5	18.7	0.1	37.8	100.0	951

Notes: Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months.

Figures in parentheses are based on 25-49 unweighted cases.

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

[1] Birth order refers to the order of the birth among the respondent's live births.

[2] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, dała are tabulated for the most recent birth only.

Table 9.13 Content of postnatal care for the mother

Among women age 15-49 with a live birth and/or stillbirth in the 2 years preceding the survey, percentage for whom selected checks were performed during the first 7 days after the most recent birth, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage for whom during the first 2 days after the most recent birth, any healthcare provider: Measure blood pressure	Discussed vaginal bleeding	Discussed family planning	Took mother's temperature	Percentage with all four checks performed in the first 2 days after birth	Number of women
	LIVE BIRTHS					
Age at birth						
<20	(91.0)	(54.3)	(33.5)	(61.3)	(25.3)	29
20-34	73.5	50.5	52.7	63.7	40.9	682
35-49	63.5	43.2	49.8	57.7	36.6	231
Birth order[1]						
1	72.9	50.8	43.8	59.5	39.4	237
2-3	73.3	49.6	55.9	65.7	41.0	592
4-5	58.9	39.9	42.8	47.5	30.2	106
6+	*	*	*	*	*	8
Place of delivery						
Health facility	72.3	49.8	52.0	63.2	40.6	895
Government	72.4	52.6	54.9	65.3	43.8	735
Private medical sector	72.5	36.7	39.1	53.0	26.2	152
Community-based health care	*	*	*	*	*	8
Elsewhere	58.7	30.3	40.4	43.0	16.0	47
Residence						
Urban	73.5	50.7	53.4	67.3	41.8	525
Rural	69.3	46.5	48.8	55.8	36.3	417
Mothers's education						
No education	*	*	*	*	*	16
Some primary	*	*	*	*	*	28
Completed primary	75.0	41.4	50.5	62.4	35.2	177
Some secondary	68.7	49.4	50.8	61.2	38.2	178
Completed secondary	71.5	48.2	50.2	61.6	38.5	378

More than secondary	72.2	54.9	53.7	66.9	45.5	165
Wealth quintile						
Lowest	74.5	54.5	55.8	67.2	41.6	177
Second	75.2	44.6	53.3	61.6	37.4	172
Middle	73.5	46.9	42.2	54.0	31.5	209
Fourth	65.1	51.2	53.9	60.7	46.1	215
Highest	70.8	46.5	53.0	69.4	40.3	169
Total	71.6	48.8	51.4	62.2	39.4	942
STILLBIRTHS						
Total	*	*	*	*	*	9

Background characteristic	Percentage for whom during the first 2 days after the most recent birth, any healthcare provider: Measure blood pressure	Discussed vaginal bleeding	Discussed family planning	Took mother's temperature	Percentage with all four checks performed in the first 2 days after birth	Number of women
LIVE BIRTHS AND STILLBIRTHS[2]						
Total	71.9	49	51.6	62.3	39.6	951

Notes: Stillbirths are fetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are fetal deaths in pregnancies lasting 7 or more months.

Figures in parentheses are based on 25-49 unweighted cases.

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

[1] Birth order refers to the order of the birth among the respondent's live births.

[2] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, dała are tabulated for the most recent birth only.

Table 9.14 Timing of first postnatal check for the newborn

Percent distribution of most recent live births in the 2 years preceding the survey by time after birth of first postnatal check, and percentage of births with a postnatal check during the first 2 days after birth, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Time after delivery of newborn's first postnatal check[1]								Percentage of births with a postnatal check during the first 2 days after birth[2]	Number of births
	Less than 1 hour	1-3 hours	4-23 hours	1-2 days	3-6 days	Don't know	No postnatal check[2]	Total		
Mother's age at birth										
<20	(12.4)	(53.8)	(0.0)	(2.7)	(7.4)	(0.2)	(23.5)	100.0	(68.9)	29
20-34	8.1	46.5	4.4	7.9	2.6	5.3	25.3	100.0	66.9	682
35-49	7.0	42.3	4.2	10.9	2.0	3.3	30.5	100.0	64.3	231
Birth order[3]										
1	2.8	52.0	2.7	4.2	3.1	4.4	30.8	100.0	61.7	237
2-3	9.0	45.2	5.4	10.2	2.8	4.4	22.9	100.0	69.8	592
4-5	14.0	33.9	1.0	9.1	0.0	6.4	35.7	100.0	57.9	106
6+	*	*	*	*	*	*	*	100.0	*	8
Place of delivery										
Health facility	8.3	46.9	4.4	8.4	2.3	4.4	25.3	100.0	68.0	895
Elsewhere	2.2	22.3	0.1	10.0	8.3	8.3	48.8	100.0	34.6	47
Residence										
Urban	4.8	45.0	6.7	9.1	3.0	5.0	26.5	100.0	65.5	525
Rural	12.0	46.6	1.1	7.6	2.1	4.1	26.5	100.0	67.3	417
Mother's education										
No education	*	*	*	*	*	*	*	100.0	*	16
Some primary	*	*	*	*	*	*	*	100.0	*	28
Completed primary	11.5	43.6	4.6	7.2	1.7	5.4	26.1	100.0	66.9	177
Some secondary	5.3	47.9	2.7	11.0	1.6	5.2	26.4	100.0	66.9	178
Completed secondary	8.0	47.9	2.8	9.0	2.8	4.2	25.3	100.0	67.7	378
More than secondary	9.0	44.8	8.7	4.7	2.3	4.6	26.0	100.0	67.1	165
Wealth quintile										
Lowest	11.3	39.4	4.2	5.7	3.4	5.9	30.1	100.0	60.6	177
Second	7.8	44.2	1.8	11.6	5.4	5.2	23.8	100.0	65.5	172
Middle	10.3	49.5	3.2	7.2	1.6	3.0	25.2	100.0	70.2	209

Fourth	4.8	51.6	3.6	8.6	2.2	6.7	22.6	100.0	68.6	215
Highest	5.7	41.5	8.7	9.5	0.4	2.1	32.1	100.0	65.4	169
Total	8.0	45.7	4.2	8.5	2.6	4.6	26.5	100.0	66.3	942

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

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

[1] Includes newborns who received a check from a doctor, nurse/midwife, auxiliary midwife, community health worker/fieldworker, or traditional birth attendant.

[2] Includes newborns who received a check after the first week of life.

[3] Birth order refers to the order of the birth among the respondent's live births.

Table 9.15 Type of provider of first postnatal check for the newborn

Percent distribution of most recent live birth in the 2 years preceding the survey by type of provider of the newborn's first postnatal health check during the 2 days after the most recent live birth, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Type of health provider of newborn's first postnatal check			No postnatal check during the first 2 days after birth	Total	Number of births
	Doctor/ nurse/ midwife	Auxiliary /midwife	Tradi-tional birth attendant			
Mother's age at birth						
<20	(45.0)	(23.9)	(0.0)	(31.1)	100.0	29
20-34	47.7	19.1	0.1	33.1	100.0	682
35-49	37.7	26.2	0.4	35.7	100.0	231
Birth order[1]						
1	42.5	19.1	0.1	38.3	100.0	237
2-3	47.8	21.9	0.1	30.2	100.0	592
4-5	37.9	19.2	0.8	42.1	100.0	106
6+	*	*	*	*	100.0	8
Place of delivery						
Health facility	47.4	20.5	0.0	32.0	100.0	895
Elsewhere	1.9	29.8	2.9	65.4	100.0	47
Residence						
Urban	47.3	18.2	0.0	34.5	100.0	525
Rural	42.5	24.5	0.3	32.7	100.0	417

Mother's education						
No education	*	*	*	*	100.0	16
Some primary	*	*	*	*	100.0	28
Completed primary	53.2	13.3	0.3	33.1	100.0	177
Some secondary	35.4	31.4	0.1	33.1	100.0	178
Completed secondary	48.3	19.4	0.0	32.3	100.0	378
More than secondary	49.6	17.5	0.0	32.9	100.0	165
Wealth quintile						
Lowest	49.4	10.6	0.6	39.4	100.0	177
Second	43.8	21.6	0.1	34.5	100.0	172
Middle	47.8	22.4	0.1	29.8	100.0	209
Fourth	43.5	25.0	0.0	31.4	100.0	215
Highest	41.1	24.3	0.0	34.6	100.0	169
Total	45.2	21.0	0.1	33.7	100.0	942

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

[1] Birth order refers to the order of the birth among the respondent's live births.

Table 9.16 Content of postnatal care for newborns

Among most recent live births in the 2 years preceding the survey, percentage for whom selected functions were performed during the first 2 days after the birth and percentage with five signal functions performed during the first 2 days after the birth, according to background characteristics Indonesia DHS 2023-24

	Percentage of most recent live births for whom a healthcare provider performed the selected functions during the first 2 days after the birth:								
Background characteristic	Examined the cord	Measured tempera-ture	Mother told how to recognize if the baby needs immediat e medical attention	Mother counseled on breast-feeding	Observed breast-feeding	Mother both counseled on breast-feeding and observed breast-feeding	Weighed[1]	Percentag e with five[2] signal functions performe d during the first 2 days after birth	Number of births
Mother's age at birth									
<20	(86.2)	(84.1)	(77.4)	(88.6)	(77.5)	(77.5)	(98.6)	(72.2)	29
20-34	73.0	69.7	64.8	70.0	61.1	59.2	86.4	51.7	682

35-49	66.3	62.2	63.2	65.3	53.5	52.9	83.0	39.2	231
Birth order[3]									
1	70.4	65.5	65.9	70.9	64.3	64.0	86.9	48.9	237
2-3	73.7	71.1	65.8	72.1	61.8	59.6	86.8	52.6	592
4-5	63.4	57.7	57.7	51.4	37.4	37.2	80.6	32.1	106
6+	*	*	*	*	*	*	*	*	8
Place of delivery									
Health facility	72.5	68.8	65.5	70.0	60.2	58.8	87.1	50.4	895
Elsewhere	58.4	59.4	51.9	57.3	52.2	47.8	64.3	29.0	47
Residence									
Urban	72.4	72.5	66.7	72.0	65.1	63.0	88.9	54.0	525
Rural	71.0	63.0	62.4	66.2	53.1	52.2	82.2	43.4	417
Mother's education									
No education	*	*	*	*	*	*	*	*	16
Some primary	*	*	*	*	*	*	*	*	28
Completed primary	75.2	62.2	62.6	69.4	62.0	61.6	85.1	35.9	177
Some secondary	74.8	76.5	70.4	71.7	61.7	61.7	91.2	57.0	178
Completed secondary	66.8	64.5	58.8	65.2	56.8	55.1	84.0	50.2	378
More than secondary	76.4	75.9	72.8	77.0	63.2	59.8	88.6	54.9	165
Wealth quintile									
Lowest	74.6	73.4	67.2	72.5	63.6	62.4	81.0	53.4	177
Second	77.1	73.9	66.2	72.4	59.4	57.7	86.4	51.1	172
Middle	69.1	59.7	59.8	67.8	56.0	55.1	82.7	38.5	209
Fourth	62.2	60.6	56.4	61.9	58.8	57.7	85.0	47.4	215
Highest	78.9	77.6	77.7	74.6	62.0	59.1	96.0	59.0	169
Total	71.8	68.3	64.8	69.4	59.8	58.2	86.0	49.3	942

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

[1] Captures newborns who were weighed "at birth". May exclude some newborns who were weighed during the 2 days after birth.

[2] The functions are 1) examining the umbilical cord, 2) measuring temperature, 3) observing and/or counseling on breastfeeding, 4) telling the mother about danger signs/how to recognize if the baby needs immediate attention, and 5) weighing. Corresponds to the definition of the five signal functions to assess the content of postnatal care for newborns described in Moran *et al*, 2013.

[3] Birth order refers to the order of the birth among the respondent's live births.

Table 9.17 Postnatal checks on mother and newborn

Among most recent live births in the 2 years preceding the survey, percentage for which the mother age 15-49 received a postnatal check during the first 2 days after birth, percentage for which the newborn who received a postnatal check during the first 2 days after birth, percentage for which both the mother and newborn received a postnatal check, and percentage for which neither the mother nor newborn received a postnatal check, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage who received a postnatal check[1] during the first 2 days after birth				
	Mother	Newborn	Both mother and newborn	Neither mother nor newborn received postnatal check[2]	Number of births
Mother's age at birth					
<20	(60.1)	(68.9)	(59.9)	(30.9)	29
20-34	63.6	66.9	58.3	27.8	682
35-49	59.0	64.1	52.5	29.4	231
Birth order[3]					
1	58.2	61.7	54.4	34.5	237
2-3	64.8	69.8	59.2	24.7	592
4-5	59.8	57.9	51.4	33.7	106
6+	*	*	*	*	8
Place of delivery					
Health facility	63.4	67.9	58.5	27.1	895
Government	63.7	68.0	59.2	27.4	735
Private medical sector	61.4	67.5	55.2	26.3	152
Community-based health care	*	*	*	*	8
Elsewhere	42.4	34.6	27.3	50.3	47
Residence					
Urban	60.4	65.5	54.2	28.3	525
Rural	64.9	67.3	60.4	28.3	417
Mother's education					
No education	*	*	*	*	16
Some primary	*	*	*	*	28
Completed primary	61.3	66.9	57.4	29.2	177
Some secondary	64.9	66.7	60.5	28.9	178
Completed secondary	62.9	67.7	57.2	26.6	378
More than secondary	60.9	67.1	57.4	29.3	165
Wealth quintile					
Lowest	60.1	60.6	50.7	30.1	177
Second	66.0	65.5	60.4	28.9	172
Middle	60.9	70.1	59.0	28.0	209
Fourth	63.4	68.6	56.7	24.7	215
Highest	61.7	65.4	57.8	30.7	169
Total	62.4	66.3	57.0	28.3	942

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

[1] Includes checks from a doctor, nurse/midwife, auxiliary midwife, community health worker/fieldworker, or traditional birth attendant.

[2] Includes checks after the first 2 days or by other persons.

[3] Birth order refers to the order of the birth among the respondent's live births.

Table 9.18 Examinations for breast and cervical cancer

Percentage of women age 15-49 ever examined by a doctor or healthcare worker for breast cancer and percentage ever tested by a doctor or healthcare worker for cervical cancer, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage examined for breast cancer	Percentage tested for cervical cancer	Number of women
Age			
15-29	4.5	2.0	4,531
30-49	9.6	7.6	7,164
30-34	8.3	6.9	1,672
35-39	11.1	8.0	1,750
40-44	11.1	8.9	1,962
45-49	7.7	6.6	1,779
30-44	10.3	8.0	5,384
40-49	9.5	7.8	3,741
Number of living children			
0	3.3	1.7	3,899
1-2	10.2	7.6	5,667
3-4	8.9	6.7	1,975
5+	8.0	6.3	154
Marital status			
Never married	2.9	1.0	3,283
Married or living together	10.0	7.5	7,915
Divorced/separated/widowed	2.2	2.6	497
Employment (last 12 months)			
Not employed	5.9	4.0	6,522
Employed for cash	9.9	7.4	4,567
Employed not for cash	9.7	6.4	606
Residence			
Urban	8.4	6.7	6,704
Rural	6.6	3.9	4,991

Education			
No education	3.5	3.1	347
Some primary	5.8	1.7	398
Completed primary	6.9	4.1	2,436
Some secondary	6.5	5.0	3,034
Completed secondary	7.1	5.0	3,912
More than secondary	13.8	11.1	1,568
Wealth quintile			
Lowest	6.6	3.5	1,792
Second	3.8	2.8	2,254
Middle	5.7	3.2	2,371
Fourth	8.3	4.9	2,649
Highest	12.8	11.7	2,629
Total	7.6	5.5	11,695

Table 9.19 Distance from health care

Percent distributions of women age 15-49 by travel time to nearest health facility and by means of transport to nearest health facility, according to background characteristics, Indonesia DHS 2023-24

	Travel time to nearest health facility					Means of transport to nearest health facility				
Background characteristic	<30 minutes	30-59 minutes	60-119 minutes	>=2 hours	Total	Motorized[1]	Not motorized[2]	Other	Total	Number of women
Age										
15-19	79.9	5.0	1.4	13.7	100.0	94.6	5.2	0.2	100.0	1,681
20-34	80.6	5.7	1.3	12.4	100.0	95.1	4.7	0.1	100.0	4,523
35-49	79.4	6.9	1.4	12.4	100.0	92.9	7.0	0.2	100.0	5,491
Means of transport to nearest health facility										
Motorized[1]	79.6	6.2	1.2	13.0	100.0	na	na	na	na	10,991
Not motorized[2]	86.1	5.3	3.0	5.6	100.0	na	na	na	na	686
Other	(51.0)	(12.6)	(15.2)	(21.2)	100.0	na	na	na	na	19
Residence										
Urban	84.4	4.0	1.0	10.6	100.0	95.8	4.1	0.1	100.0	6,704
Rural	73.9	9.0	1.8	15.3	100.0	91.6	8.2	0.2	100.0	4,991
Education										
No education	63.3	9.2	1.3	26.2	100.0	87.7	12.0	0.3	100.0	347
Some primary	69.4	12.6	3.6	14.4	100.0	89.0	10.5	0.4	100.0	398
Completed primary	72.3	9.4	1.9	16.3	100.0	93.0	6.9	0.1	100.0	2,436
Some secondary	82.8	4.9	1.2	11.2	100.0	93.8	6.0	0.1	100.0	3,034

Completed secondary	82.1	4.6	1.0	12.2	100.0	95.3	4.7	0.1	100.0	3,912
More than secondary	86.9	5.1	1.2	6.8	100.0	95.2	4.5	0.3	100.0	1,568
Wealth quintile										
Lowest	67.8	13.1	2.6	16.5	100.0	80.5	19.0	0.6	100.0	1,792
Second	78.1	7.3	1.6	13.0	100.0	94.1	5.8	0.1	100.0	2,254
Middle	81.4	5.0	1.4	12.2	100.0	96.4	3.6	0.1	100.0	2,371
Fourth	82.1	3.5	0.8	13.5	100.0	97.3	2.6	0.1	100.0	2,649
Highest	86.2	4.1	0.8	8.9	100.0	97.6	2.4	0.1	100.0	2,629
Total	79.9	6.2	1.4	12.6	100.0	94.0	5.9	0.2	100.0	11,695

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

na = not applicable.

[1] Includes car/truck, public bus, motorcycle/scooter, and boat with motor.

[2] Includes animal-drawn cart, bicycle, boat without motor, and walking.

KNOWLEDGE ABOUT STUNTING AND ANEMIA 10

Key Findings

- ***Knowledge of stunting: 57%*** of married women aged 15-49 and 46% of unmarried women aged 15-24 stated that they had heard of stunting.
- ***Perception of stunting:*** Most of married women think stunting is growth disorder (57%), under nourished (55%), shortness (40%) and dwarfism (37%). The same pattern has been found in never married women age 15-24 were they think stunting is growth disorder (59%), under nourished (56%), shortness (43%) and dwarfism (41%).
- ***Comprehensive Knowledge about stunting:*** 2% of married women and 3% of never-married women who know about comprehensive knowledge about stunting.
- ***Exposure to stunting message from media:*** Social media is the most well-known media to seen, heard or read stunting messages for women (54%).
- ***Prevention of stunting:*** Sixty three percent of married women and 58% never married women believe stunting can be prevented.
- ***Knowledge on preventing risk of stunting:*** 62% women age 15-49 believe that consuming fruit and vegetables, eating breakfast, consuming iron and keeping clean are the ways to prevent stunting for teenagers (bride-to-be). Furthermore, 62% women also believe consuming fruit and vegetables, eating breakfast, washing hands with soap and water, keeping clean, and exercise regularly are the ways to prevent stunting for children.
- ***Knowledge about anemia:*** 64% of ever-married women and 69% of never-married women age 15-24 have heard about anemia.
- ***Cause of anemia:*** About one in two ever-married women (52% each) mentioned it was caused due to lack of consumption of meat, fish, and liver and lack of consumption of vegetables and fruits.

Nutrition is the foundation for the health and development of children and adults. Stunting is a linear growth disorder that occurs early in life, this is related to inadequate nutritional needs so that it can increase the risk of child mortality, morbidity and suboptimal cognitive development (Victoria, 2008;

Black, 2008). Indonesia is the 4th country in the world with the highest number of stunted children (Tobing, 2021).

The Indonesian Toddler Nutrition Status (SSGBI) and Basic Health Research (Riskesdas) noted that the number of stunted toddlers in Riskesdas 2018, SSGI 2019, SSGI 2021, and SSGI 2022 were 30.8%, 27.7%, 24.4%, 21.6% respectively. The results show that there has been a decline in stunting prevalence nationally in Indonesia, starting in 2018, 2019, 2021, and 2022, each year experiencing a decline/reduction in stunting risk of -3.1%, -3.3%, and -2.8%. However, more reduction is needed to achieve the target of stunting prevalence 14% in 2024 as stated in the 2020-2024 RPJMN (Bappenas, 2019). In order to achieve the target of 14% of stunting prevalence in 2024, it needs to be reduced by 7.6% in 2 years, so it takes even more intricate work to reduce it.

The results of the 2023/2024 SDKI provide information on several factors related to stunting and the prevention of stunting risks in children. This information can be used to help monitor programs and strategies to accelerate stunting reduction and prevention for families at risk of stunting.

The main objective of this chapter is to provide data and information related to knowledge and prevention of stunting, including expertise about preventing the risk of stunting from mothers to their children. The data presented are at the national level, according to background characteristics such as demographic, social, and economic aspects.

10.1 STUNTING KNOWLEDGE

Anthropometry is commonly used to measure a child's nutritional status. Anthropometric measurements are used to report on child growth indicators. The distribution of height and weight among children under age 5 are usually compared with the WHO Child Growth Standards reference population (WHO, 2006). The distribution of a well-nourished population will be similar to that of the reference population, while the distribution of a poorly nourished population will not. The indices height-for-age, weight-for-height, and weight-for-age can be expressed in standard deviation units (*z* scores) from the median of the reference population. Values that are greater than two standard deviations below the median of the WHO Child Growth Standards are used to define malnutrition.

Stunting, or low height-for-age, is a measure of growth faltering. Stunting is a marker of the deficient growth environment to which children have been exposed and reflects the overall well-being of a population (Perumal *et al*., 2018). Suboptimal nutrition can contribute to stunting, while other causes include recurrent infection, chronic diseases, and more; many of the causes of stunting are complex and unknown (WHO, 2014a).

Stunting (assessed via height-for-age)

Height-for-age is a measure of growth faltering. Children whose height-for-age *z* score is below minus two standard deviations (−2 SD) from the median of the reference population are considered short for their age (stunted). Children whose *z* score is below minus three standard deviations (−3 SD) from the median are considered severely stunted.

Reference population: Women age 15-49.

The means of the *z* scores for height-for-age are calculated as summary statistics that represent the nutritional status of children in a population. The mean scores describe the nutritional status of the entire population of children without the use of a cutoff point. A mean *z* score of less than 0 (a negative mean value for stunting) suggests a downward shift in the entire sample population's nutritional status relative to the reference population. The farther away mean *z* scores are from 0, the higher the prevalence of malnutrition.

The 2023-24 IDHS did not collect data on anthropometric measurements but rather on the knowledge and perception about stunting and the ways of preventing it.

10.1.1 Knowledge about Stunting

The Indonesian government, through Presidential Regulation Number 71 of 2021, has appointed the National Population and Family Planning Agency (BKKBN) to be the chief executive of the Acceleration of Stunting Reduction in Indonesia (BKKBN, 2021). The National Population and Family Planning Agency has begun to collaborate with all parties to participate in the Acceleration of Stunting Reduction by launching the RAN PASTI strategy (National Action Plan for the Acceleration of Reducing Stunting Rates in Indonesia 2021-2024.

In the 2023-24 IDHS, respondents of married women aged 15-49 and unmarried women aged 15-24 were asked whether they had ever heard of stunting. Those who had heard were asked where they obtained information about stunting. The results can be seen in **Table 10.1** for married women aged 15-49 and unmarried women aged 15-24 according to background characteristics.

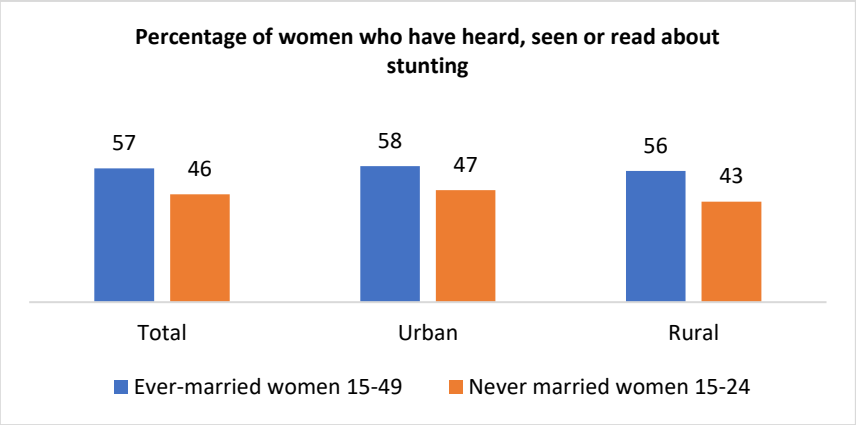
In general, women knowledge about stunting is relatively high. Fifty-seven percent of married women aged 15-49 and 46% of unmarried women aged 15-24 stated that they had heard of stunting. Most of married women think stunting is growth disorder (57%), under nourished (55%), shortness (40%) and dwarfism (37%). The same pattern has been found in never married women age 15-24 where they think stunting is growth disorder (59%), under nourished (56%), shortness (43%) and dwarfism (41%) **(Table 10.1)**.

The 2023/2024 SDKI also collected information on comprehensive knowledge about stunting. Comprehensive knowledge is defined as the percentage of women who said they thought about stunting, malnutrition, and under-nutrition when they heard the term stunting. Only 2% of married women and 3% of never married women age 15-24 who know about comprehensive knowledge about stunting **(Table 10.1)**.

Patterns by background characteristics

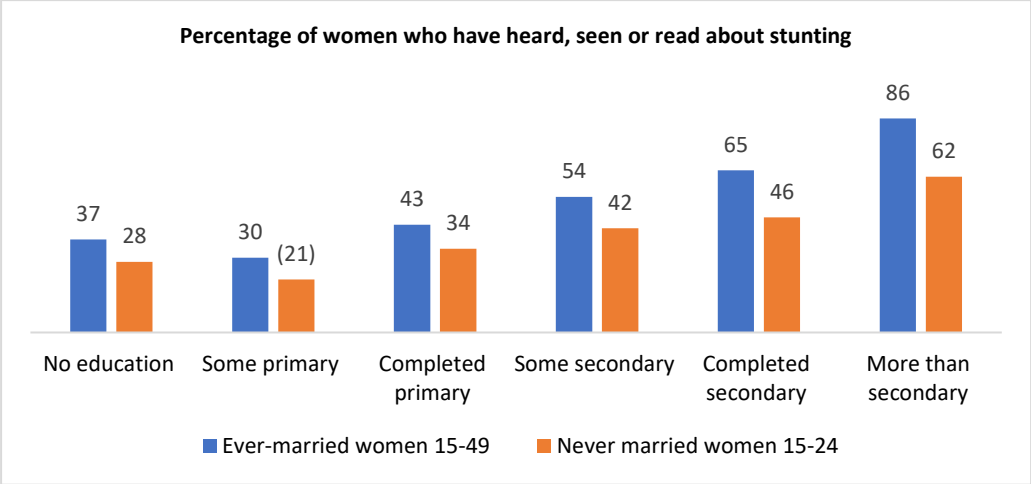
- The percentage of married women age 25-29 has ever heard, seen, or read about stunting is the highest (68%) among other age groups. In other case, never married women age 20-24 have a higher percentage than never married women age 15-19.
- Urban women have slightly higher awareness compared to rural women (58% vs. 56% for ever-married women; 47% vs. 43% for never-married women) **(Figure 10.1)**.

Figure 10.1 Percentage of women who have heard, seen, or read about stunting according to residence



- Awareness increases with higher education levels. Among ever-married women, 86% with more than secondary education have heard about stunting, compared to only 37% with no education. Among never-married women, those with more than secondary education show the highest awareness level (62%) **(Figure 10.2)**.

Figure 10.2 Percentage of women who have heard, seen, or read about stunting according education



10.1.2 Perception about Stunting in Children

Among women age 15-49 who have heard, seen or read about stunting, they have been asked about stunting perception in children. There is no difference between married women and never-married women about stunting perception, which is a child is shorter for his/her age (82% and 81%, respectively). The least perception about stunting in children is easily fall sick for married women and never married women, 18% and 15% respectively **(Table 10.2)**.

10.1.3 Exposure to Messages on stunting from media

This section gives information about any women age 15-49 who have heard, seen or read about stunting messages in the last six months on various types of media. Social media is most well-known media to seen, heard or read stunting messages for women (54%). Followed by television, internet and mobile phone, 44%, 43% and 38% respectively **(Table 10.3 and Figure 10.3)**.

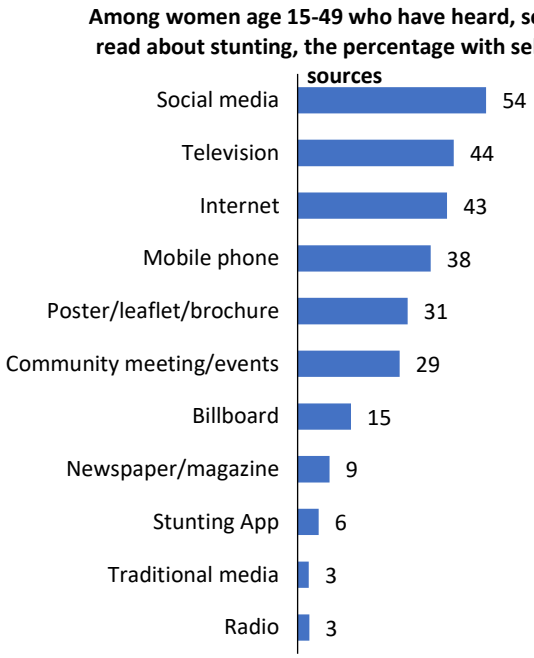
Patterns by background characteristics

- Women in age group 30-34 most likely exposed stunting messages from social media than other age group. Meanwhile, women in age group 40-44 most likely exposed stunting messages from community meeting or events than other age groups.

- Women who live in urban areas have a higher percentage exposed stunting message from social media than women who live in rural areas. On the contrary, women live in rural areas have a higher percentage exposed stunting message from community meeting or events.

- The higher a woman's wealth quintile status, the more likely she was to be exposed to stunting messages from various types. For example, woman who had lowest quintile status (24%) are the highest percentage to not get any stunting message from various media sources than any other wealth quintile status.

Figure 10.3 Exposure to messages on stunting



10.1.4 Source of knowledge on stunting from individuals

Majority of women age 15-49 exposed stunting message from nurse/midwife by 62%. Followed by family/friends/relatives, Family Planning (FP) field officer/PLKB and doctor, 39%, 34% and 33% respectively **(Table 10.4)**.

Patterns by background characteristics

- Women in age group 30-34 are most likely to get exposed to stunting message from nurse/midwife and PLKB than any other age group, 72% and 41% respectively. Women in age group 15-19 most likely to get exposed to stunting message from teacher than any other age group.
- Women who live in urban areas have a higher percentage of getting exposed to stunting messages from doctor and teacher, 38% and 32% respectively. While women who live in rural areas have a higher percentage get exposed to stunting messages from nurse/midwife and village officials (*perangkat desa*), 67% and 21% respectively.
- Women with the lowest education level have a higher percentage of getting exposed to stunting messages from village officials (*perangkat desa*), and it decreases as the education level increases.
- The percentage of exposed to stunting messages from teacher increases as the wealth quintiles increases.

10.1.5 Source of knowledge on stunting from institutions

Almost three-quarter women age 15-49 exposed stunting messages from health facility. The least source of stunting messages for women age 15-49 are *karang taruna*/youth group activities and woman organizations for civil servants' wife (*dharma wanita*), 8% and 7% respectively **(Table 10.5)**.

Patterns by background characteristics

- Women in age group 30-34 most likely get exposed stunting messages from health facility.
- Higher percentage of woman who lives in urban areas exposed to stunting message from school than women who lives in rural areas, 35% and 21% respectively.
- Women with no education level have a higher percentage to get exposed stunting message from rural community institutions (IMP) and *karang taruna*/youth group activities, 16% and 12% respectively.
- The percentage of exposed to stunting messages from school increases as the wealth quintiles increases.

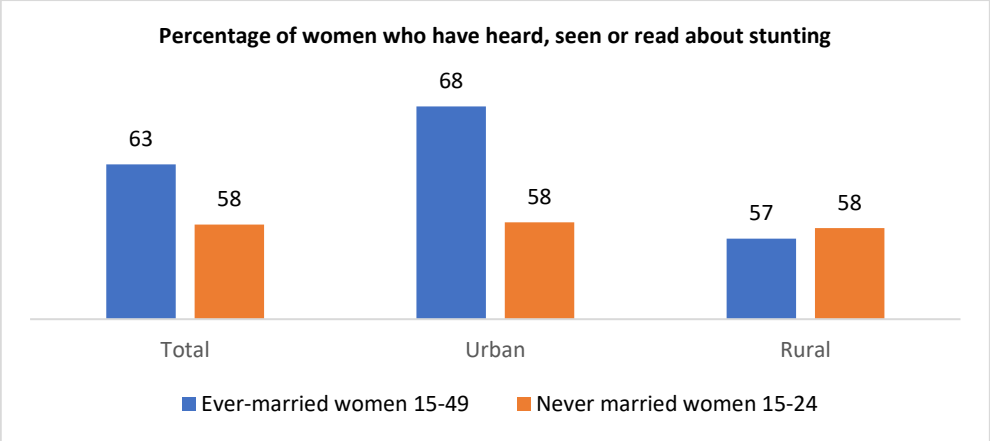
10.2 PREVENTION OF STUNTING

Sixty three percent of married women and 58% never married women believe stunting can be prevented. An overall higher percentage of married woman and never married woman say exclusive breastfeeding, breastfeed the child for 2 years, give iron to the child, balanced nutrition, give vitamins to the child, give breast milk substitution foods, get child immunized and have clean water/good sanitation can prevent stunting **(Table 10.6)**.

Patterns by background characteristics

- Women in urban and rural areas showed equally high awareness of stunting prevention actions **(Figure 10.4)**, with urban ever-married women are the most aware among them.

Figure 10.4 Knowledge on Stunting Prevention in Children by Residence



- Women with higher education levels tended to believe that stunting can be prevented. However, women with low level of education shared a fairly equal believe as well. For example: 100% of women with higher education cited that balanced nutrition and immunization could prevent stunting **(Table 10.6)**.
- Ever-married women showed no significant difference in stunting prevention awareness across wealth quintile, indicating widespread awareness across social groups. However, unmarried women demonstrated a wider gap of awareness across wealth quintile **(Table 10.6)**.

10.2.1 Knowledge on preventing risk of stunting

2023-24 IDHS also collected knowledge of stunting prevention for teenagers (bride-to-be) and for children. Women age 15-49 believe that consuming fruit and vegetables, eating breakfast, consuming iron, and keeping clean are the ways to prevent stunting for teenagers (bride-to-be), 62% respectively. Furthermore, women also believe that consuming fruit and vegetables, eating breakfast, washing hands with soap and water, keeping clean, and exercising regularly are the ways to prevent stunting for children, 62% respectively **(Table 10.7)**.

10.3 Knowledge about Anemia

Anemia is a condition characterized by an insufficient level of hemoglobin in the blood (Chaparro and Suchdev, 2019). Hemoglobin is a protein responsible for transporting oxygen in the blood. In children, anemia can impair cognitive development and is associated with long-term health consequences. When anemia is severe, it can cause death (Chaparro and Suchdev, 2019). Iron deficiency is the most common and widespread nutritional disorder in developing countries (WHO, 2001).

If anemia is not treated early in adolescence, there is a greater likelihood of anemia during pregnancy. Anemia in pregnant women increases the risk of low birth weight, birth defects, or stunting in the child, as well as death of the mother or child in the case of severe bleeding. Anemia can occur in men as well as women (Dutta *et. al*., 2020).

Indonesia's policies on anemia focus on integrating efforts to improve nutritional health, particularly among women and children, within broader health and development strategies. The government targets a significant decrease in anemia prevalence among women of reproductive age, emphasizing interventions in iron supplementation, dietary improvements, and public health education. Specific programs aim to address anemia in adolescents and pregnant women, as these groups are at higher risk due to physiological and nutritional demands (MOH, 2022).

According to the Indonesia Health Survey (SKI) 2023 conducted by the Ministry of Health, the prevalence of anemia among pregnant women has decreased from 37% in 2020 to 28% in 2023 (SKI 2023 Table 14.46). The 2023-24 IDHS solicited information on knowledge about anemia among women age 15-49. This included the knowledge about anemia, the cause of anemia, and treatment for anemia. The results are presented for ever-married women age 15-49 and never-married women age 15-24.

Table 10.8 provides information on knowledge about anemia among the respondents. Overall, 64% of ever-married women and 69% of never-married women age 15-24 have heard about anemia. Among ever-married women who have heard about anemia, 74% thinks it is blood deficit in human body, 30% thinks anemia is a condition when there is deficit in red blood cells, 24% thinks it is low hemoglobin level, and 23% thinks it is iron deficiency. Similarly, among never married women these figures are 68%, 37%, 32%, and 30% respectively.

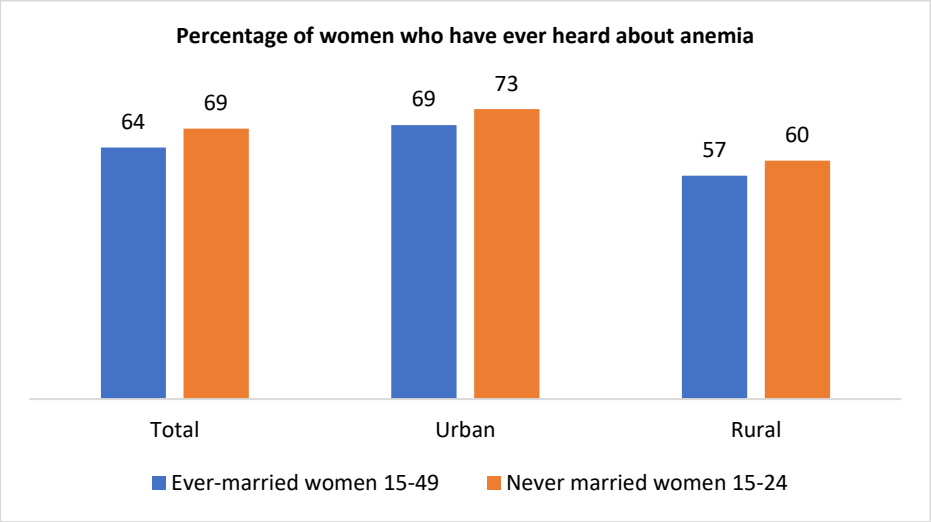
Trends: The awareness about anemia seems to have improved in the last five years. In 2017 IDHS only 5% of women age 15-24 mentioned anemia was a condition when one have low hemoglobin which has increased to 32% among these women. Similarly, when only 8% of women age 15-24 mentioned anemia was iron deficiency in 2017 IDHS, this has increased to 30% in 2023-24 IDHS.

Patterns by background characteristics

- Awareness about anemia is higher in ever-married women age 25–29 years (72%) compared to those age 40–49 years (57%). Among never married women, those age 20–24 years have higher awareness (73%) compared to those aged 15–19 years (66%).

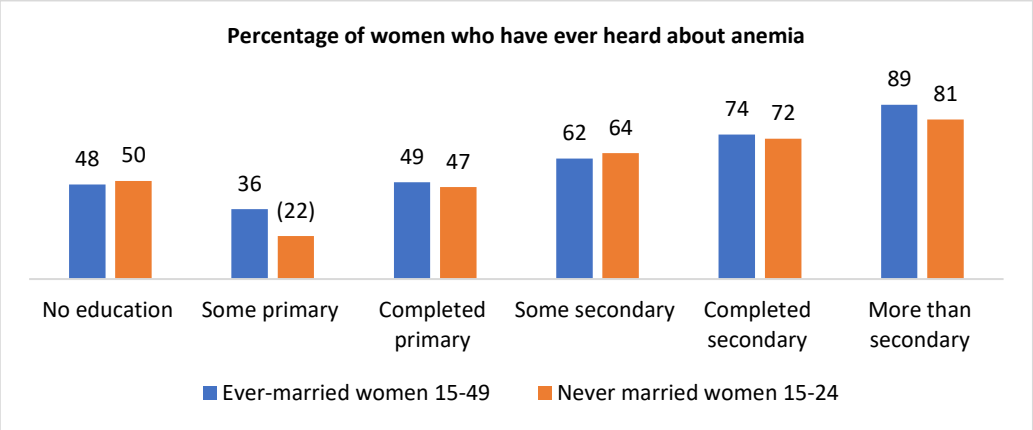
- Urban women have slightly higher awareness about anemia than rural women (69% among married women and 73% among unmarried women in urban areas versus 57% among married women and 60% among unmarried women in rural areas) **(Figure 10.5)**.

Figure 10.5 Knowledge on Anemia by Residence



- Awareness increases with the level of education. Among married women, 89% with more than secondary school education has heard about anemia, while only 36% of those with some primary educations have heard about it. Among unmarried women, those with more than secondary education had the highest level of awareness at 81% compared to only 47% among those who have completed primary education **(Figure 10.6 and Table 10.8)**.

Figure 10.6 Knowledge on Anemia by Education



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

- Awareness about anemia increases with wealth. For instance, 78% of ever-married women in the highest wealth quintile had heard about anemia compared to only 49% in the lowest wealth quintile. Among unmarried women the corresponding figures are 74% and 54% respectively.

10.3.1 Cause of Anemia

Women who had heard about anemia were asked further about the cause of anemia. About one in two ever-married women (52% each) mentioned it was caused due to lack of consumption of meat, fish, and liver and lack of consumption of vegetables and fruits **(Table 10.9)**. Further, 23% mentioned it was caused by bleeding, 19% mentioned it was due to menstruation, while 15% mentioned it was due to malnutrition.

Never-married women age 15-24 are slightly more likely to have mention these as cause of anemia with the corresponding figures being 55%, 57%, 23%, 28%, and 16% respectively.

Patterns by background characteristics

- Ever-married women in urban areas have better knowledge regarding the relation of anemia with nutrition than rural women. While 55% of urban women mention anemia is caused by lack of consumption of meat, fish and liver, and 57% say it is due to lack of intake of vegetables and fruits, the corresponding figure are 48% and 46% for rural women.

- Higher education correlates with increased knowledge about anemia, with data indicating most of married women with more than secondary education has the highest percentage of knowledge about anemia (63%) and unmarried women with more than secondary education has the highest percentage of knowledge about anemia (66%).

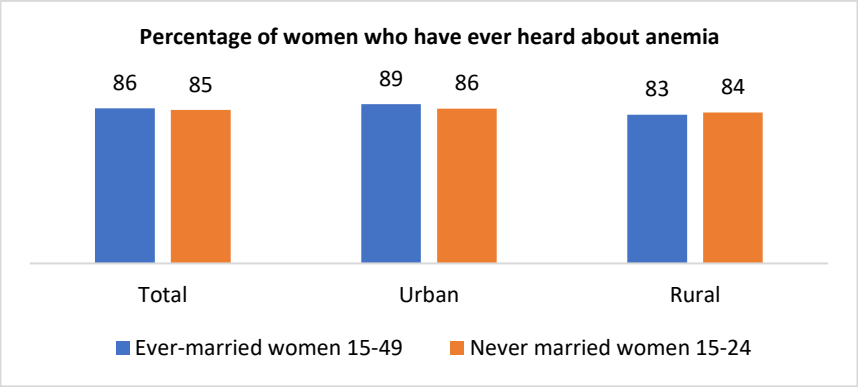
10.3.2 Treatment for Anemia

Overall, 86% of ever-married women age 15-49 and 85% of never-married women age 15-24 believe that anemia can be treated **(Table 10.10)**. Among women who believe anemia can be treated, most think anemia can be treated by taking pills to increase blood (84% of ever-married women and 87% of never-married women), followed by those suggesting increasing consumption of meat, chicken, fish, and lever (36% ever-married women and 38% of never-married women).

Patterns by background characteristics

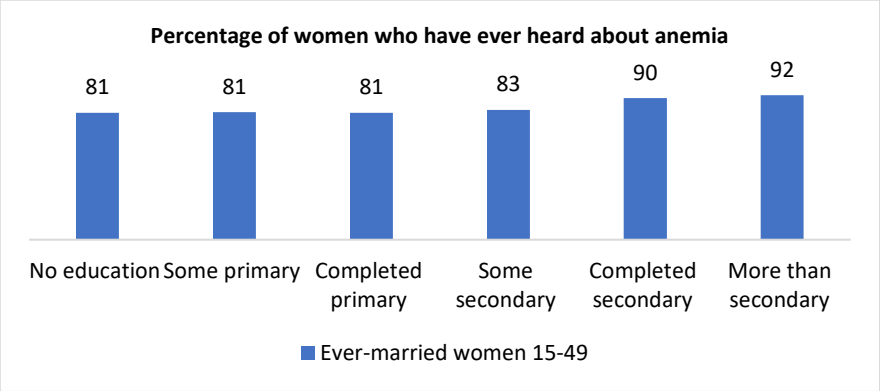
- Women in urban areas are more aware that anemia can be treated compared to those in the rural areas. Among ever-married women in urban areas 89% believe that anemia can be treated while only 83% of women in the rural areas believe so. The corresponding figures are 86% in urban areas and 84% in rural areas for never-married women **(Figure 10.7)**.

Figure 10.7 Knowledge of Prevention of Anemia by Residence



- Women with more than secondary education show more awareness of anemia treatment, with 92% of ever-married women and 93% of unmarried women being informed. Additionally, awareness is particularly high among those in the highest wealth quintile, with 89% for both married and unmarried women **(Figure 10.8)**.

Figure 10.8 Knowledge of Prevention of Anemia by Education



- When it comes to treatment preferences, a majority of married women prefer pills (84%).

List of Tables

For more information on nutrition of children and adults, see the following tables:

- **Table 10.1. Knowledge about Stunting**
- **Table 10.2. Perceptions of Stunting in Children**
- **Table 10.3. Exposure to Stunting Messages**
- **Table 10.4. Source of Stunting Messages (Individuals)**
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Table 10.1. Knowledge about Stunting

Percentage of women age 15-49 who have ever heard, seen, or read about stunting, and among those who have heard about stunting, percentage with perception about stunting and comprehensive knowledge of stunting, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Have ever heard, seen or read about stunting	Number of women	Among those who have heard about stunting who think stunting is: Growth Disorder	Dwarfism	Thinness	Shortness	Under-nourished	Anemia	Chronic Energy Deficiency (CED)	Obesity	Mal-nutrition	Under-weight	Wasting	Other	Percent with comprehensive knowledge	Number of women
EVER-MARRIED WOMEN 15-49																
Age																
15-24	59,6	502	52,3	37,5	29,5	41,4	61,9	1,3	1,4	0,2	1,4	2,7	0,0	4,9	0,5	299
25-29	68,3	985	59,2	33,3	31,1	40,2	55,3	3,9	5,3	0,9	3,4	2,8	1,0	1,4	2,0	673
30-39	63,0	3.265	57,0	37,4	29,6	38,8	53,4	3,4	3,9	1,1	3,0	1,7	0,5	1,6	2,3	2.056
40-49	47,4	3.660	56,2	38,0	32,7	39,6	54,2	4,0	4,4	1,3	3,6	3,1	0,6	3,1	2,5	1.734
Age																
15-19	*	0	*	*	*	*	*	*	*	*	*	*	*	*	*	0
20-24	*	0	*	*	*	*	*	*	*	*	*	*	*	*	*	0
Residence																
Urban	57,5	4.653	58,0	33,9	29,3	36,2	53,4	4,2	4,7	1,4	3,8	2,9	0,8	2,2	2,6	2.676
Rural	55,5	3.759	55,0	41,1	33,1	43,6	55,9	2,7	3,4	0,6	2,4	1,8	0,4	2,5	1,7	2.086
Education																
No education	37,3	234	66,0	52,9	55,1	57,7	70,9	12,3	3,2	0,3	2,6	0,2	0,0	2,4	0,7	87
Some primary	30	361	62,9	32,2	32,2	32,2	47,1	6,3	0,7	4,1	5,5	4,4	0,4	5,5	4,7	108
Completed primary	43,1	2.324	50,2	33,3	28,9	37,4	52,6	1,5	1,6	1,0	1,2	1,3	0,2	4,1	0,8	1.000
Some secondary	54,3	1.965	56,9	36,5	30,3	39,8	53,0	3,4	4,0	0,6	1,4	0,8	0,1	1,6	0,9	1.067
Completed secondary	64,9	2.525	54,9	38,0	29,0	38,4	54,0	2,8	4,6	0,7	3,4	2,9	0,9	1,5	2,1	1.639
More than secondary	85,7	1.004	65,9	39,2	35,3	42,5	58,7	6,1	6,7	2,1	6,9	4,7	1,3	2,3	5,5	860

Table 10.1. Knowledge about Stunting

Percentage of women age 15–49 who have ever heard, seen, or read about stunting, and among those who have heard about stunting, percentage with perception about stunting and comprehensive knowledge of stunting, according to background characteristics, Indonesia DHS 2023–24

Background characteristic	Have ever heard, seen or read about	Number of women	Among those who have heard about stunting who think stunting is: Growth Disorder	Dwarfism	Thinness	Shortness	Under-nourished	Anemia	Chronic Energy Deficiency	Obesity	Mal-nutrition	Under-weight	Wasting	Other	Percent with comprehensive knowledge[1]	Number of women
Wealth quintile																
Lowest	54,2	1.295	50,4	38,8	34,0	47,2	54,7	3,4	4,7	1,5	3,3	2,7	0,9	3,5	2,2	702
Second	49	1.663	57,4	41,4	36,4	42,7	51,5	4,1	3,8	1,1	3,0	1,4	0,5	2,2	2,4	814
Middle	54,6	1.739	55,2	32,7	28,2	32,9	55,4	3,3	4,1	0,8	2,2	1,7	0,6	3,7	1,5	949
Fourth	56,9	1.879	53,8	34,4	26,4	35,9	54,3	3,0	3,7	1,0	2,0	2,0	0,3	1,7	1,3	1.069
Highest	66,9	1.836	63,7	38,7	31,7	41,1	55,8	3,8	4,4	1,0	4,9	3,8	0,8	1,2	3,3	1.228
Total 15-49	56,6	8.412	56,7	37,0	31,0	39,5	54,5	3,5	4,1	1,1	3,2	2,4	0,6	2,3	2,2	4.763
Total 15-24	*	0	*	*	*	*	*	*	*	*	*	*	*	*	*	0
UNMARRIED WOMEN 15-24																
Age																
15-19	43,3	1.638	57,6	39,0	35,4	40,5	54,9	2,0	3,5	0,5	2,7	0,9	0,4	1,7	2,2	709
20-24	49,2	1.038	60,2	44,4	37,5	46,6	57,8	5,1	5,4	1,1	6,1	3,5	0,6	0,4	4,3	510
Residence																
Urban	47,4	1.674	60,6	41,7	32,1	41,1	55,3	3,8	4,5	1,1	5,4	2,7	0,5	0,7	4,0	794
Rural	42,5	1.002	55,1	40,5	44,1	46,6	57,5	2,3	3,8	0,3	1,7	0,6	0,5	2,1	1,2	426
Education																
No education	28,3	86	(56.6)	(65.4)	(49.3)	(44.4)	(71.9)	(3.0)	(5.3)	(0.0)	(4.7)	(0.0)	(0.0)	(0.0)	(0.0)	24
Some primary	(21.2)	31	*	*	*	*	*	*	*	*	*	*	*	*	*	7
Completed	33,5	48	*	*	*	*	*	*	*	*	*	*	*	*	*	16
Some	41,7	994	57,4	39,1	34,2	43,8	56,3	1,9	3,6	0,3	3,6	1,2	0,5	1,9	3,0	414
Completed	46,1	1.156	58,2	43,5	39,5	40,3	54,0	4,6	4,1	1,0	4,6	1,9	0,3	1,0	3,1	533
More than	62,4	360	63,2	39,8	33,1	50,4	57,2	3,0	6,0	1,4	4,2	3,9	1,0	0,7	3,6	225
Wealth quintile																
Lowest	44,4	399	51,5	33	37	46	58,6	5	3,9	2	2,5	0,8	1	1	1,8	177
Second	41,4	489	58,8	44	39	44	62,3	4	4,9	1	1,9	0,4	0	3	1,5	202
Middle	51,3	513	53,9	39	38	42	59,6	5	5,7	0	5,9	4,3	1	1	4,2	263
Fourth	42,6	639	61,3	46	38	40	50,4	1	2,9	0	4,3	0,5	0	1	3,6	272
Highest	47,9	636	64,6	42	32	45	52,6	3	4	2	4,8	3	0	0	3,2	305
Total 15-24	45,6	2.676	58,7	41	36	43	56,1	3	4,3	1	4,1	2	1	1	3	1.219

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

[1] Comprehensive knowledge is defined as the percent of women who say that they think of growth disorder, malnutrition, and undernourished when they hear the term

Table 10.2 Perceptions of Stunting in Children

Among women age 15-49 who have heard, seen or read about stunting, percentage who have the following perceptions of stunting symptoms experienced in children by marital status, Indonesia DHS 2023-24

	Marital status		
Perceptions of stunting	Never married	Ever married	All women
A child is shorter for his/her age	81.9	80.7	81.0
A child's weight is not in line with his/her age	59.4	58.1	58.4
Delay growth (crawling, walking)	38.5	33.0	34.3
Easily falls sick	17.5	15.1	15.7
Other	1.5	1.8	1.7
Don't know	3.7	4.2	4.1
Number of women	1,522	4,763	6,285

Note: Respondents may report multiple responses so the sum may exceed 100%.

Table 10.3 Exposure to Stunting Messages

Among women age 15-49 who have heard, seen or read about stunting, percentage who heard or saw any stunting messages in the last 6 months on various types of media, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Radio	Tele-vision	News-paper/ maga-zine	Mobile phone	Social media [1]	Poster / leaflet / bro-chure	Out-door sign or bill-board	Com-munity meeting or events	Intern-et	Tradi-tional media [2]	Stunt-ing app	None of these media sources	Numb-er of wome-n
15-19	2.5	43.7	8.5	39.6	59.4	29.8	15.8	13.4	49.4	2.1	7.7	16.1	730
20-24	3.0	38.3	7.1	34.8	59.2	29.5	14.7	20.2	41.6	4.1	3.9	16.2	789
25-29	3.4	43.5	8.7	41.8	58.6	34.0	14.1	28.0	46.8	3.2	6.3	11.4	871
30-34	2.7	48.0	8.7	45.1	60.8	34.4	16.2	32.0	49.5	3.4	6.3	10.8	1,112
35-39	3.5	45.4	9.0	34.8	46.7	32.4	13.3	34.4	40.9	2.8	6.2	15.2	1,016
40-44	4.3	42.5	10.1	33.8	46.6	27.5	14.5	36.5	34.3	3.8	5.2	18.5	1,008
45-49	4.0	48.0	11.7	33.3	44.1	30.4	18.2	32.4	34.4	2.8	6.3	14.4	749
Residence													
Urban	3.7	49.0	11.5	42.5	60.9	35.3	19.3	26.4	49.9	3.8	7.1	12.3	3,670
Rural	2.9	37.8	5.8	31.2	43.4	25.6	9.4	32.5	32.1	2.3	4.4	17.7	2,615
Education													
No education	5.4	46.5	10.0	43.1	57.6	24.1	14.6	31.3	45.4	3.2	9.6	21.7	116
Some primary	9.5	36.5	6.5	26.0	41.4	21.7	4.1	26.1	5.8	3.3	0.9	21.0	115
Completed primary	2.2	38.1	3.8	21.4	27.7	19.2	8.1	37.7	19.2	1.2	3.0	18.6	1,026
Some secondary	2.7	40.5	6.9	37.8	52.5	31.2	13.6	29.0	39.2	2.7	4.8	15.5	1,513
Completed secondary	3.1	46.6	9.1	41.5	58.3	33.2	16.4	29.0	48.6	3.7	6.6	13.2	2,282
More than secondary	4.7	50.7	16.5	45.3	68.4	39.6	21.9	21.6	57.6	4.5	8.9	11.2	1,234
Wealth quintile													
Lowest	4.4	30.0	3.9	18.3	35.3	23.6	10.3	35.2	26.7	2.3	2.3	23.7	913
Second	3.8	41.2	7.0	33.4	48.4	29.2	11.5	33.8	36.8	3.8	6.5	16.3	1,067
Middle	2.8	47.8	7.3	41.9	54.5	29.3	10.9	27.7	42.8	3.1	6.8	13.4	1,262
Fourth	2.6	44.8	9.2	38.7	55.4	31.5	16.1	25.0	42.7	3.4	5.3	14.6	1,412
Highest	3.5	51.4	14.8	47.8	65.0	38.3	22.9	26.7	54.6	3.2	7.6	9.2	1,631

Total	3.3	44.4	9.1	37.8	53.6	31.3	15.2	29.0	42.5	3.2	6.0	14.5	6,285

[1] Social media includes platforms such as Facebook, Twitter, Instagram, Whatsapp, TikTok, and YouTube.
[2] Traditional media includes movies, Helmet, Ludruk, Lenong, etc.

Table 10.4 Source of Stunting Messages (Individuals)

Among women age 15-49 who have heard, seen or read about stunting, percentage who heard or saw stunting messages from various sources (individuals), according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Doctor	Nurse/mid-wife	Teacher	FP Field worker	PPKBD com-munity volun-teer	PKK com-munity volun-teer	Village officials	Religious figure	Public figure	Family/ friends/ relatives	Other	Number of women
15-19	21.2	37.5	66.2	16.6	9.1	14.2	11.1	5.5	9.3	41.3	10.4	730
20-24	32.7	53.9	42.2	24.0	10.6	15.7	11.0	3.6	10.9	36.9	10.3	789
25-29	37.0	65.4	24.0	38.1	28.5	31.2	18.2	4.7	13.9	41.9	13.7	871
30-34	35.8	72.2	16.7	40.5	25.3	33.4	18.9	4.2	11.6	35.7	11.0	1,122
35-39	36.7	70.3	16.2	39.4	23.1	34.1	19.3	4.3	15.8	40.2	10.4	1,016
40-44	33.1	63.5	14.4	36.8	24.3	35.5	17.9	5.8	15.6	37.9	11.9	1,008
45-49	29.9	62.3	18.1	38.2	22.6	32.8	19.7	7.3	17.4	42.9	13.3	749
Residence												
Urban	37.6	58.7	31.5	34.5	20.5	28.9	13.8	6.3	14.2	38.8	12.7	3,670
Rural	26.4	66.8	19.3	34.0	22.1	29.3	21.2	3.1	12.7	39.9	9.9	2,615
Education												
No education	30.6	56.4	21.3	33.1	21.3	26.9	20.6	11.5	14.1	31.4	13.2	116
Some primary	22.7	65.6	1.5	29.1	9.2	19.2	20.3	2.7	11.9	37.2	7.5	115
Completed primary	20.9	68.1	6.5	32.6	23.1	31.6	19.7	4.3	12.6	38.0	11.2	1,026
Some secondary	27.8	59.5	25.1	32.7	21.0	29.5	16.7	5.1	14.1	38.7	10.7	1,513
Completed secondary	34.5	62.8	28.3	38.2	22.9	30.6	15.7	5.3	14.2	41.1	11.2	2,282
More than secondary	47.4	58.9	43.8	30.9	17.7	24.6	16.4	4.3	12.7	38.6	13.7	1,234
Wealth quintile												
Lowest	25.1	68.6	19.6	29.6	19.9	28.3	23.5	2.4	10.0	37.0	9.4	913
Second	28.7	64.3	21.2	40.4	27.5	30.2	21.8	6.7	16.6	36.9	11.9	1,067
Middle	31.1	63.6	23.5	34.7	21.4	27.6	16.4	5.9	13.9	39.2	9.9	1,262
Fourth	30.6	56.7	25.0	33.5	19.7	30.5	15.2	5.8	13.5	43.3	12.0	1,412
Highest	43.4	60.4	37.0	33.2	18.8	28.5	11.9	3.8	13.5	38.6	13.3	1,631
Total	32.9	62.0	26.4	34.3	21.2	29.0	16.9	5.0	13.6	39.3	11.5	6,285

Table 10.5 Source of Stunting Messages from Institutions

Among women age 15-49 who have heard, seen or read about stunting, percentage who have ever heard or received stunting messages from various institutions, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Health facility	School	Study group/ religious group	Activity groups (BKB, BKR, BKL, UPPKS, PIK- R)	Karang Taruna/ Youth Group Activities	Civil Servants' Wives Association (Dharma Wanita)	Family Welfare Movement(PKK)	Rural Com-munity Institution (IMP)	Other	Number of women
15-19	51.4	68.4	10.4	13.2	14.7	2.8	7.5	4.9	11.7	730
20-24	67.9	45.6	9.7	13.5	10.2	4.6	15.5	7.0	11.5	789
25-29	77.2	26.5	12.8	20.2	8.5	6.8	28.0	9.7	13.8	871
30-34	79.6	18.6	13.7	20.3	5.9	5.7	29.2	9.0	10.4	1,122
35-39	78.7	21.4	17.6	19.7	5.3	8.6	31.8	10.3	9.8	1,016
40-44	72.1	17.3	20.1	22.2	5.9	10.1	32.8	9.1	9.8	1,008
45-49	75.7	20.0	20.9	20.4	6.8	9.1	30.1	14.0	11.7	749
Residence										
Urban	73.1	35.2	16.8	20.1	8.8	8.0	26.0	7.7	11.5	3,670
Rural	72.1	21.0	13.0	17.0	6.4	5.4	25.8	11.2	10.6	2,615
Education										
No education	74.1	15.0	11.8	15.4	12.3	9.3	22.6	15.9	14.3	116
Some primary	65.5	6.6	14.1	9.5	3.9	2.1	15.7	6.9	5.9	115
Completed primary	70.4	6.8	19.2	16.1	4.6	3.7	26.9	11.7	10.0	1,026
Some secondary	70.0	28.3	16.7	19.6	7.7	5.9	25.6	7.7	12.0	1,513
Completed secondary	74.4	30.7	15.1	20.8	8.6	7.7	27.5	9.1	11.1	2,282
More than secondary	75.4	50.0	10.7	17.6	9.3	9.9	23.9	8.7	11.1	1,234
Wealth quintile										
Lowest	71.3	21.5	13.7	16.6	5.8	3.8	21.5	9.3	10.8	913
Second	71.9	23.1	17.3	20.6	6.1	4.8	27.4	12.1	11.7	1,067
Middle	72.8	25.9	14.2	19.5	8.6	7.5	24.3	8.1	10.4	1,262
Fourth	71.5	26.4	15.6	17.3	8.1	6.6	28.1	10.0	11.7	1,412
Highest	75.0	42.8	15.0	19.7	9.3	10.1	26.8	7.3	11.0	1,631
Total	72.7	29.3	15.2	18.8	7.8	7.0	25.9	9.2	11.1	6,285

Table 10.6 Knowledge of Stunting Prevention in Children

Among women age 15-49 who have heard, seen or read about stunting and who believe that stunting can be prevented, percentage who believe specific actions can be taken to prevent stunting in children, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage who believe stunting can be prevented	Number of women who have heard, seen, or read about stunting	Percent of women who say the following action can be taken to prevent stunting in children: Exclusive breastfeeding	Breast-feed the child for 2 years	Give iron to the child	Balanced nutrition	Give vitamins to the child	Give Mpasi/ Breast-milk substitute foods	Get child immunized	Sanitation and clean water	Other	Number of women who say there are ways to prevent stunting in children
EVER-MARRIED WOMEN 15-49												
Age												
15-24	57.6	299	98.7	98.1	99.8	99.7	100.0	98.2	100.0	99.6	69.4	172
25-29	67.8	673	97.6	99.6	98.3	100.0	98.7	99.7	99.9	99.6	66.9	456
30-39	64.7	2,056	99.6	97.9	97.0	99.8	99.3	99.4	99.0	99.4	67.0	1,331
40-49	60.4	1,734	99.7	98.8	97.3	99.3	99.5	99.1	99.3	98.7	69.4	1,047
Residence												
Urban	68.0	2,676	99.2	98.6	97.3	99.7	99.5	99.6	99.1	99.4	66.6	1,821
Rural	56.8	2,086	99.4	98.3	97.7	99.6	99.0	98.7	99.5	98.8	70.1	1,185
Education												
No education	67.4	87	99.0	98.5	93.6	100.0	99.5	99.5	100.0	99.5	73.4	59

Some primary	54.8	108	99.5	98.3	98.4	100.0	96.3	97.9	96.6	99.5	70.5	59
Completed primary	45.5	1,000	99.5	97.5	94.9	99.4	99.5	99.1	99.6	99.0	78.1	455
Some secondary	59.3	1,067	98.5	99.1	98.4	99.7	99.1	99.0	98.9	98.8	69.4	633
Completed secondary	67.9	1,639	99.5	98.8	97.8	99.5	99.4	99.3	99.2	99.4	66.4	1,112
More than secondary	80.0	860	99.6	98.0	98.0	100.0	99.4	99.5	99.7	99.2	61.9	688
Wealth quintile												
Lowest	56.7	702	99.3	98.3	97.4	99.1	98.6	97.3	98.9	99.2	70.7	398
Second	60.8	814	99.3	98.8	98.3	99.7	99.0	98.9	98.7	99.1	76.2	495
Middle	63.2	949	99.3	98.3	98.2	99.8	99.4	99.5	99.7	99.0	69.5	600
Fourth	63.3	1,069	99.2	99.3	96.9	99.7	99.6	100.0	99.4	99.0	66.7	677
Highest	68.1	1,228	99.3	97.8	96.8	99.8	99.5	99.6	99.4	99.5	61.7	837
Total 15-49	63.1	4,763	99.3	98.5	97.4	99.7	99.3	99.3	99.3	99.2	68.0	3,007
UNMARRIED WOMEN 15-24												
Age												
15-19	54.8	709	98.9	98.6	97.2	99.1	98.7	99.1	98.5	99.3	66.1	388
20-24	62.5	510	99.9	99.6	99.3	99.8	99.9	99.7	99.8	99.7	65.4	319
Residence												
Urban	58.2	794	99.7	99.3	98.1	99.7	99.4	99.8	99.8	99.7	68.4	462
Rural	57.7	426	98.8	98.5	98.2	98.9	99.1	98.7	97.6	99.1	60.8	246

Background characteristic	Percentage who believe stunting can be prevented	Number of women who have heard, seen, or read about stunting	Percent of women who say the following action can be taken to prevent stunting in children: Exclusive breastfeeding	Breast-feed the child for 2 years	Give iron to the child	Balanced nutrition	Give vitamins to the child	Give Mpasi/ Breast-milk substitute foods	Get child immunized	Sanitation and clean water	Other	Number of women who say there are ways to prevent stunting

												g in childre n
Education												
No education	(87.7)	24	(100.0)	(100.0)	(97.3)	(100.0)	(97.0)	(97.3)	(97.3)	(100.0)	(81.5)	21
Some primary	*	7	*	*	*	*	*	*	*	*	*	3
Completed primary	*	16	*	*	*	*	*	*	*	*	*	10
Some secondary	51.6	414	99.1	98.3	96.2	98.7	98.7	98.4	99.5	99.2	66.1	214
Completed secondary	55.9	533	99.2	99.7	98.4	99.6	99.5	99.9	99.9	99.6	65.3	298
More than secondary	71.8	225	100.0	98.5	100.0	99.8	100.0	99.8	100.0	99.6	62.3	161
Wealth quintile												
Lowest	53.6	177	98.1	98.7	96.6	98.1	98.5	97.1	94.5	97.7	66.8	95
Second	47.6	202	99.1	97.5	100.0	100.0	99.2	99.9	99.9	99.7	68.7	96
Middle	60.7	263	99.3	99.9	99.3	99.5	100.0	99.6	99.6	100.0	66.3	160
Fourth	58.0	272	100.0	99.2	97.6	100.0	99.1	100.0	100.0	99.3	70.5	158
Highest	65.2	305	99.6	99.1	97.3	99.2	99.3	99.5	99.6	100.0	59.6	199
Total 15-49	58.0	1,219	99.4	99.0	98.1	99.4	99.3	99.4	99.1	99.5	65.8	708
Total 15-24	58.0	1,219	99.4	99.0	98.1	99.4	99.3	99.4	99.1	99.5	65.8	708

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

Table 10.7 Knowledge on preventing risk of stunting

Among women age 15-49 who have heard, seen or read about stunting, percentage who mention ways to prevent risk of stunting among teenagers (bride-to-be) who wishes to get married and percentage who mention what should be done during pregnancy to prevent risk of giving birth to children who are stunted, Indonesia DHS 2023-24

	Prevent risk of stunting among teenagers (bride-to-be)			Prevent risk of stunting among children		
Ways to prevent stunting	Never married	Ever married	All women	Never married	Ever married	All women
Take breakfast	60.5	62.4	62.0	60.7	62.5	62.0
Avoid fast foods	59.1	61.0	60.5	59.3	61.9	61.2
Exercise regularly	60.6	61.7	61.4	60.3	61.9	61.5
No smoking	59.5	60.8	60.5	59.5	61.4	60.9
Not consuming drugs	59.4	61.5	61.0	59.3	61.7	61.1
Keeping clean	60.1	62.0	61.5	60.3	62.3	61.8
Not having risky sex	59.6	61.0	60.7	59.8	61.5	61.1
Consuming fruits and vegetables	60.9	62.6	62.2	60.9	62.7	62.2
Washing hands with soap and water	60.4	61.6	61.3	60.6	62.3	61.8
Consume iron to prevent anemia	60.3	62.0	61.6	60.4	62.1	61.7
Other	41.0	42.6	42.2	41.2	42.9	42.5
Number of women	1,522	4,763	6,285	1,522	4,763	6,285

Table 10.8 Knowledge about Anemia

Percentage of women age 15-49 who have ever heard about anemia, and among those who have heard about anemia, percentage with perception about anemia, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Have ever heard about anemia	Number of women	Low hemoglobin (Hb)	Iron deficiency	Deficit in red blood cells	Blood deficit	Vitamin deficiency	Low blood pressure	Other	Don't know	Number of women
EVER-MARRIED WOMEN 15-49											
Age											
15-24	62.5	502	20.8	27.2	22.1	71.0	5.8	6.7	2.2	5.8	314
25-29	72.2	985	22.5	25.0	28.5	74.9	6.0	6.3	1.9	3.6	711
30-39	68.4	3,265	24.2	21.8	30.8	75.2	6.8	8.9	0.6	1.8	2,233
40-49	57.3	3,660	24.5	23.9	29.7	73.2	5.6	7.9	0.8	3.2	2,096
Residence											
Urban	69.4	4,653	24.6	23.8	29.0	75.0	5.8	7.6	0.9	1.8	3,228
Rural	56.6	3,759	22.8	22.7	30.4	72.7	6.8	8.8	1.0	4.5	2,126
Education											
No education	48.2	234	34.2	30.5	41.8	74.4	30.3	13.7	2.6	5.5	113
Some primary	35.7	361	18.0	15.5	26.1	70.6	1.6	2.8	0.0	8.5	129
Completed primary	49.4	2,324	17.4	15.6	22.0	74.8	3.9	5.5	0.5	5.9	1,149
Some secondary	61.5	1,965	20.2	21.2	25.6	74.6	5.0	7.9	0.8	2.9	1,209
Completed secondary	73.8	2,525	24.5	24.2	30.1	74.6	5.3	8.3	0.9	1.3	1,862
More than secondary	88.9	1,004	35.4	34.7	42.6	72.2	9.9	11.1	1.7	0.9	893
Wealth quintile											
Lowest	48.8	1,295	26.1	23.2	29.5	65.7	9.4	7.4	1.2	9.0	632
Second	53.4	1,663	28.2	23.8	26.6	72.8	6.4	10.7	1.7	4.4	888
Middle	61.7	1,739	19.5	18.2	26.5	76.8	5.1	8.7	1.0	1.7	1,073
Fourth	70.4	1,879	19.5	22.8	26.4	76.1	5.3	5.7	0.4	1.7	1,324
Highest	78.3	1,836	27.4	27.5	36.6	74.8	6.2	8.3	0.7	1.1	1,439
Total 15-49	63.7	8,412	23.9	23.4	29.6	74.1	6.2	8.0	0.9	2.8	5,355
UNMARRIED WOMEN 15-24											
Age											
15-19	65.5	1,638	31.3	27.8	35.2	69.7	6.9	10.0	0.4	2.9	1,072
20-24	73.3	1,038	33.9	34.2	39.5	66.6	8.3	9.0	0.6	2.3	761
Residence											
Urban	73.4	1,674	32.0	28.7	37.3	67.9	6.4	9.5	0.4	2.0	1,228
Rural	60.4	1,002	33.1	33.9	36.2	69.3	9.7	9.9	0.5	4.0	605

Background characteristic	Have ever heard about anemia	Number of women	Low haemoglobin (Hb)	Iron deficiency	Deficit in red blood cells	Blood deficit	Vitamin deficiency	Low blood pressure	Other	Don't know	Number of women
Education											
No education	50.1	86	(24.4)	(25.8)	(36.4)	(70.6)	(17.5)	(7.0)	(1.3)	(0.0)	43
Some primary	(22.0)	31	*	*	*	*	*	*	*	*	7
Completed primary	47.0	48	(10.9)	(39.3)	(38.4)	(77.3)	(2.9)	(5.8)	(0.9)	(1.7)	23
Some secondary	64.2	994	31.6	27.9	34.0	69.8	6.7	9.4	0.2	2.5	638
Completed secondary	71.7	1,156	33.4	30.4	36.5	67.1	7.0	9.9	0.5	2.8	829
More than secondary	81.4	360	34.6	36.6	45.3	68.2	9.5	10.4	0.7	2.0	293
Wealth quintile											
Lowest	53.9	399	39.8	33.1	38.4	56.2	8.7	11.2	0.3	4.6	215
Second	65.0	489	31.4	32.9	32.5	71.0	9.2	9.7	1.0	3.0	318
Middle	69.2	513	32.5	25.4	32.5	73.4	7.2	11.1	0.4	4.0	355
Fourth	74.5	639	31.2	29.5	36.3	69.0	5.9	8.2	0.3	2.2	476
Highest	73.7	636	30.7	32.3	43.5	67.8	7.6	9.1	0.3	0.9	469
Total 15-49	90.2	1,219	40.9	37.8	42.2	65.4	9.4	12.8	0.6	2.3	1,100
Total 15-24	68.5	2,676	32.4	30.4	37.0	68.4	7.5	9.6	0.4	2.6	1,833

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

Table 10.9 Cause of Anemia

Among women age 15-49 who have ever heard about anemia, the percentage with perception about cause of anemia, according to background characteristics, Indonesia DHS 2023-24

	Lack of consump-tion of meat, fish, and liver	Lack of consump-tion of vegetables and fruit	Bleeding	Menstrua-tion	Malnutrition	Infectious disease	Other	Don't know	Number of women
				EVER-MARRIED WOMEN 15-49					
Age									
15-24	50.3	50.7	30.8	22.7	17.9	1.4	6.3	15.5	314
25-29	47.9	51.1	23.0	17.5	12.2	1.6	7.0	19.2	711
30-39	52.5	50.8	24.0	19.2	16.5	2.0	6.1	14.8	2,233
40-49	53.2	54.8	20.8	17.3	14.1	2.0	5.2	17.0	2,096
Residence									
Urban	54.8	56.7	23.6	17.8	14.3	2.0	6.0	12.3	3,228
Rural	47.8	45.9	22.1	19.5	16.2	1.8	5.7	22.3	2,126
Education									
No education	60.7	66.9	32.4	18.6	16.1	0.0	7.9	9.2	113
Some primary	44.3	48.4	23.0	14.6	13.5	0.7	0.6	24.3	129
Completed primary	44.5	42.8	17.6	13.0	11.5	0.4	4.1	27.2	1,149
Some secondary	48.1	50.8	20.2	16.3	15.1	2.0	5.1	17.7	1,209
Completed secondary	53.9	54.0	23.9	19.1	15.4	1.9	7.2	12.7	1,862
More than secondary	63.1	62.4	30.5	27.4	19.0	4.3	7.0	7.4	893

Wealth quintile									
Lowest	41.4	43.5	24.5	20.7	17.3	2.3	4.4	25.7	632
Second	52.2	48.9	22.0	17.8	16.6	2.1	4.9	19.2	888
Middle	49.6	48.6	19.4	15.5	16.6	0.7	8.3	16.7	1,073
Fourth	51.0	54.1	20.2	17.7	12.5	2.1	5.8	14.8	1,324
Highest	59.3	59.8	28.1	20.7	14.5	2.5	5.4	11.3	1,439
Total 15-49	52.0	52.4	23.0	18.5	15.1	1.9	5.9	16.3	5,355
				UNMARRIED WOMEN 15-24					
Age									
15-19	52.8	54.3	21.7	26.3	16.0	1.5	4.1	13.8	1,072
20-24	56.8	61.7	24.6	30.6	16.4	2.7	2.4	8.3	761
Residence									
Urban	54.5	59.5	21.1	25.9	15.2	1.5	3.2	10.6	1,228
Rural	54.5	53.1	26.6	32.4	18.1	3.1	3.9	13.3	605
Education									
No education	(56.2)	(58.7)	(40.3)	(27.6)	(14.0)	(0.0)	(1.3)	(17.6)	43
Completed primary	(43.0)	(60.3)	(7.9)	(12.9)	(8.2)	(0.0)	(0.0)	(11.7)	23
Some secondary	53.0	53.1	21.0	26.9	15.4	1.6	3.6	14.4	638
Completed secondary	52.0	56.9	22.5	31.0	15.3	1.7	3.0	10.5	829
More than secondary	65.7	68.8	27.3	24.3	21.7	4.2	4.8	6.3	293
Wealth quintile									
Lowest	55.3	53.6	20.8	22.3	13.8	1.7	3.2	11.6	215
Second	55.4	51.1	24.6	28.4	12.3	0.2	3.4	15.1	318
Middle	45.9	51.8	22.1	25.8	18.4	2.5	4.3	16.6	355
Fourth	53.9	60.7	22.5	33.4	17.9	1.3	2.1	8.4	476
Highest	60.6	64.3	23.8	26.8	16.4	3.6	4.0	8.3	469

Continue

	Lack of consump-tion of meat, fish, and liver	Lack of consump-tion of vegetables and fruit	Bleeding	Menstrua-tion	Malnutrition	Infectious disease	Other	Don't know	Number of women
Total 15-49	58.6	61.4	24.8	29.8	17.8	2.0	3.6	10.7	1,100
Total 15-24	54.5	57.4	22.9	28.1	16.2	2.0	3.4	11.5	1,833

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

Table 10.10 Treatment for Anemia

Among women age 15-49 who have ever heard about anemia, the percentage who believe anemia can be treated and among those who think anemia can be treated, the percentage with perceptions on ways to treat anemia, according to background characteristics, Indonesia DHS 2023-24

			Among those who believe anemia can be treated, ways to treat anemia:						
Background characteristic	Percentage who believe anemia can be treated	Number of women	Take pill to increase blood	Take iron tablet	Increase consump-tion of meat, chicken, fish,	Increase consump-tion of iron-rich vegetables	Other	Don't know	Number of women

					liver				
EVER-MARRIED WOMEN 15-49									
Age									
15-24	88.0	314	89.3	29.8	36.5	27.6	2.7	4.1	276
25-29	86.2	711	83.0	28.0	34.1	33.1	1.9	5.3	613
30-39	88.8	2,233	85.0	30.9	35.1	32.2	2.2	3.2	1,982
40-49	83.2	2,096	81.9	31.6	38.1	35.7	2.3	4.8	1,744
Residence									
Urban	88.5	3,228	84.5	30.7	35.9	33.8	2.4	3.3	2,857
Rural	82.7	2,126	82.6	30.7	36.6	32.5	1.9	5.6	1,758
Education									
No education	80.7	113	85.1	45.6	56.3	57.3	4.6	2.2	91
Some primary	81.1	129	78.4	16.7	18.8	30.4	0.8	7.6	104
Completed primary	80.6	1,149	80.5	22.1	27.8	24.8	0.9	8.5	926
Some secondary	82.5	1,209	82.8	26.2	33.2	30.0	1.8	4.0	998
Completed secondary	90.0	1,862	85.5	31.7	37.6	31.7	2.2	2.5	1,676
More than secondary	91.8	893	85.7	44.1	46.3	48.1	4.1	2.6	820
Wealth quintile									
Lowest	85.1	632	77.6	29.2	32.4	31.1	2.3	9.1	537
Second	83.6	888	83.9	32.9	38.3	36.9	1.7	2.7	742
Middle	86.5	1,073	83.8	25.5	35.6	30.2	1.6	6.1	928
Fourth	85.1	1,324	83.0	28.2	34.9	31.3	1.7	3.3	1,126
Highest	89.1	1,439	87.0	36.1	38.0	36.3	3.4	2.3	1,282
Total 15-49	86.2	5,355	83.8	30.7	36.2	33.3	2.2	4.2	4,616
UNMARRIED WOMEN 15-24									
Age									
15-19	84.8	1,072	85.7	31.2	37.4	30.9	2.7	2.6	910
20-24	86.0	761	89.6	35.8	38.2	37.9	1.9	2.0	654
Residence									
Urban	86.0	1,228	89.3	32.4	35.1	34.6	1.4	1.8	1,057
Rural	83.9	605	83.2	34.4	43.2	32.2	4.3	3.5	508

Education									
No education	(85.8)	43	(93.7)	(50.5)	(50.1)	(36.3)	(0.0)	(2.6)	37
Some secondary	81.3	638	85.8	28.8	36.7	28.0	2.9	2.3	519
Completed secondary	85.9	829	88.5	31.8	35.4	35.0	2.2	2.4	712
More than secondary	92.7	293	88.3	40.9	43.3	41.2	2.2	2.3	272
Wealth quintile									
Lowest	80.0	215	80.2	33.6	40.2	34.3	3.8	2.6	172
Second	80.2	318	88.2	35.4	42.3	30.5	1.5	3.3	255
Middle	84.9	355	81.4	28.6	38.3	34.6	3.6	5.0	301
Fourth	87.7	476	89.1	33.7	39.4	33.7	0.9	0.8	418
Highest	89.1	469	92.1	34.1	31.9	35.2	2.9	1.3	418
Total 15-49	86.9	1,100	88.4	37.7	41.4	40.0	2.5	2.7	956
Total 15-24	85.3	1,833	87.3	33.1	37.7	33.8	2.4	2.4	1,564

Background characteristic	Percentage who believe anemia can be treated	Number of women	Among those who believe anemia can be treated, ways to treat anemia: Take pill to increase blood	Take iron tablet	Increase consumption of meat, chicken, fish, liver	Increase consumption of iron-rich vegetables	Other	Don't know	Number of women

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

KNOWLEDGE, ATTITUDES, AND BEHAVIOR RELATED TO HIV AND AIDS

11

Key Findings

- ***Knowledge of attitudes about medicines to treat HIV or prevent HIV transmission:*** As many as 10% of women are those who have heard of ARVs that treat HIV.
- ***Discriminatory attitudes towards people living with HIV:*** 5 out of 10 women have discriminatory attitudes towards people infected with HIV.
- ***Multiple sexual partner:*** sexual partners throughout life, where those who were never married were 5 partners, the highest compared to married/living together (1 partner) or divorced (2 partners).
- ***Knowledge about HIV prevention:*** Only 9% of women have any knowledge about preventing HIV transmission.
- ***First Sex:*** Women aged 15-24 years who were asked about having sexual intercourse before the age of 15 years had a lower rate (1%) than those having sexual relations before the age of 18 years (7%).

HIV or Human Immunodeficiency Virus is a type of virus that infects white blood cells which causes a decrease in human immunity. AIDS, or Acquired Immune Deficiency Syndrome, is a group of disease symptoms that arise due to a reduction in the body's immunity caused by HIV infection. A decrease in the immune system means that a person can easily contract various infectious diseases, which often have fatal consequences for him. People living with HIV need antiretroviral (ARV) treatment to reduce the number of HIV viruses in the body so that it does not enter the AIDS stage. In contrast, AIDS sufferers need ARV treatment to prevent opportunistic infections with their various complications (Afriana, 2022).

In Indonesia, the first case of HIV/AIDS was discovered in Bali Province in 1987. The Ministry of Health submitted its estimates for 2020 that the number of people living with HIV (PLHIV) will be 543,100 people. The critical populations for the spread of HIV in Indonesia are IDUs (injecting drug users), sex workers, and transgender people. HIV prevalence in Indonesia varies according to population, 26% among men who have sex with men, 29% among people who inject drugs (PWID), 25% among the transgender population, and 5 % among female sex workers. The main transmission of HIV AIDS in Indonesia is the shared use of unsafe injection needles among users of narcotics and illegal drugs, followed by heterosexual relations, transmission from mother to fetus during pregnancy, childbirth or breastfeeding. As of December 2022, only 77% of PLHIV know their HIV status. Of this percentage, only 26% of PLHIV are taking ARV treatment or on ARV, and only 23% of PLHIV on ARV have received a viral load test with results showing that the virus has been suppressed (Afriana, 2022).

Various mitigation efforts have been carried out by the government in collaboration with various institutions from within and outside the country. In 2006, the Ministry of Health specifically established the National AIDS Commission. This institution is tasked with increasing efforts to prevent and control AIDS in a more intensive, comprehensive, integrated and coordinated manner. Apart from that, the Ministry of Health is also making other efforts by strengthening commitment between policy stakeholders; strengthening partnerships and community participation; monitoring, evaluation and follow-up management; as well as program innovation (Luhukay and Afriana, 2022).

The 2023-2024 IDHS results provide information about several factors related to HIV, AIDS, and Sexually Transmitted Infections (STIs). Information on the results of the 2023-2024 IDHS can be used to help monitor HIV AIDS programs and strategies as well as services to groups vulnerable to the risk of HIV AIDS.

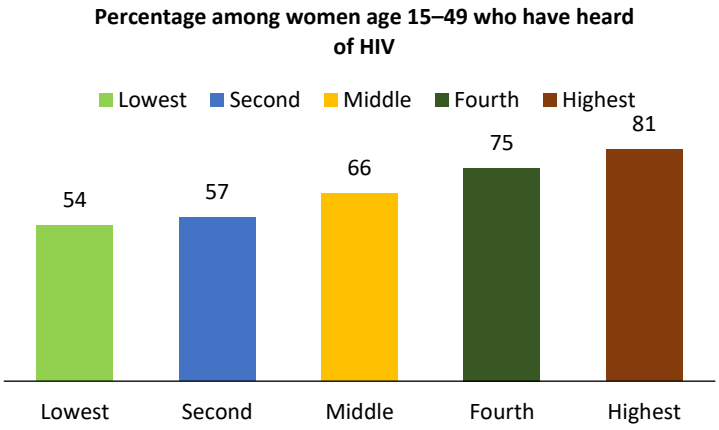
The main objective of this chapter is to provide data and information related to knowledge, perceptions and behavior about HIV AIDS, including knowledge about preventing HIV transmission, knowledge about preventing HIV transmission from mothers to their children. The data presented is at the national level, according to background characteristics such as age, marital status, residence, education, and wealth quintile aspects.

11.1 KNOWLEDGE OF HIV OR AIDS

In the 2023-2024 IDHS, female respondents aged 15-49 were asked whether they had ever heard of HIV AIDS. Those who had heard were asked where they got information about HIV AIDS. The results can be seen in **Table 11.1** for women aged 15-49 according to background characteristics. When compared with data from the 2017 IDHS, it can be said that public knowledge about HIV AIDS based on data for 2023-2024 has decreased. Previously, 82 percent of women aged 15-49 said they had heard of HIV AIDS, whereas according to the 2023-2024 IDHS, only 68% said they had heard of HIV AIDS.

For the age category, the highest percentage is in the 25-29 age group (77%), while the lowest is 40-49 (58%). Based on marital status, the highest is never married (73%), and the lowest is divorced/separated/ widowed (56%). For the residential location category, urban is 72% and rural is 62%. Based on education level, more than secondary is in the highest position (91%), and the lowest is some primary (42%). The percentage of some primary is lower than no education (45%). For wealth quintile background, the higher the level of wealth, the greater the percentage of knowledge related to HIV or AIDS, where the lowest is 54% and the highest is 81% **(Figure 11.1)**.

Figure 11.1 Discriminatory attitudes towards people living with HIV by household wealth



Note: Respondents have discriminatory attitudes if they do not think that children living with HIV should be able to attend school with children who are HIV negative or would not buy fresh vegetables from a shopkeeper who has HIV.

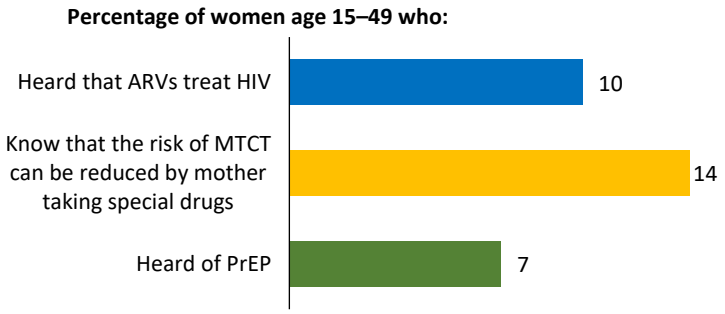
11.2 KNOWLEDGE AND ATTITUDES ABOUT MEDICINES TO TREAT OR PREVENT HIV

Antiretroviral medicines, or ARVs, are a powerful tool in the fight against HIV. ARVs are taken by people living with HIV to keep them healthy by preventing the virus from progressing to AIDS. By taking ARVs, individuals living with HIV also greatly reduce the risk of passing the virus on to others. Women living with HIV who take ARVs during pregnancy and breastfeeding reduce the chances of passing the virus on to their children. In addition, people who are HIV negative can take ARVs to reduce their chances of acquiring HIV. This is called preexposure prophylaxis, or PrEP Knowledge about and positive attitudes towards these treatment and prevention measures help to promote their use.

Women aged 15-49 years were asked regarding knowledge of and attitudes about medicines to treat HIV or prevent HIV transmission through questions about who has heard of ARV's that treat HIV, who knows that the risk of MTCT can be reduced by mother taking special drugs, and who has heard of PrEP. These data include various backgrounds from age, marital status to educational status **(Table 11.2)**.

As many as 10% of women are those who have heard of ARVs that treat HIV. Women who know that the risk of MCTC can be reduced by mother taking special drugs by as much as 14%. Women who have heard of PrEP are 7 % **(Figure 11.2)**.

Figure 11.2 Knowledge of medicines to treat HIV or prevent HIV transmission



Patterns by background characteristics

- Women age 25-29 years had a higher percentage (13%) than women age 40-49 years (9%) who had heard about ARVs to treat HIV **(Table 11.2)**.
- The proportion of women who had heard of ARVs that treat HIV in urban areas is higher (13%) compared to rural areas (7%). Women who know that the risk of MCTC can be reduced by mother taking special drugs in urban areas is higher (16%) than rural areas (10%). For who have heard of PrEP in urban is higher (9%) than rural (5%) **(Table 11.2)**.
- Percentage based on education level, from the three questions, the no education level has a higher percentage than some primary. Even regarding ARVs, no education (9%) is also higher than some secondary (6%), as well as regarding MCTC and PrEP. The more than secondary level is the highest compared to the other levels, 26% for ARVs, 29% for MCTC, and 19% for PrEP **(Table 11.2)**.

11.3 Discriminatory Attitudes towards People Living with HIV

Widespread stigma and discrimination in a population can adversely affect both people's willingness to be tested and their adherence to antiretroviral therapy (ART). Thus, reduction of stigma and discrimination in a population is an important indicator of the success of programs targeting HIV prevention and control.

Discriminatory attitudes towards people living with HIV

Women and men were asked two questions to assess discriminatory attitudes towards people living with HIV. Respondents with discriminatory attitudes towards people living with HIV are those who say that they would not buy fresh vegetables from a shopkeeper or vendor if they knew that person had HIV or who say that children living with HIV should not be allowed to attend school with children who do not have HIV.

Sample: Women and men age 15–49 who have heard of HIV or AIDS.

Table 11.3 shows that 5 out of 10 women have discriminatory attitudes towards people infected with HIV. This discriminatory attitude towards people infected with HIV is most likely related to a person's ignorance about the mechanisms of HIV transmission. Misunderstanding or lack of knowledge about HIV AIDS often results in community fear and rejection of PLWHA.

Patterns by background characteristics

- The percentage of women who have discriminatory attitudes towards PLWHA in rural areas is higher (55%) than in urban areas (49%).
- Based on education level, the highest percentage of women who have discriminatory attitudes towards PLWHA are women with an education level of some primary (57%), while those with no education and

more than secondary share a low percentage of 51%. The smallest percentage are women with completed secondary at 50%.

- Discriminatory behavior against PLHIV is highest among those at the lowest level of the wealth quintile (61%). This decreases as the level of the wealth quintile increases.

11.4 Multiple Sexual Partners

Women age 15-49 years were asked about sexual activity with two partners in the last 12 months, almost all of whom stated they had not done so (less than 1%) from various backgrounds. Regarding sexual relations with someone other than a husband or partner, there are 2% in the no education category. The figures changed when the question was changed regarding sexual partners throughout life, where those who were never married were 5 partners, the highest compared to married/living together (1 partner) or divorced (2 partners) (**Table 11.4**).

Patterns by background characteristics

- The average total number of sexual partners for female respondents is one partner.

11.5 Knowledge and Coverage of Self-testing

This section reviews women's HIV self-test kit knowledge. According to the Ministry of Health, HIV self-test kits are increasing desire to test for HIV. There are two ways to use the HIV self-test kit, namely oral liquid and stick finger. Both are technologies used to make things easier implementation of HIV testing considering the limited number of health workers in particular laboratory technicians in carrying out HIV tests with blood specimens. The HIV self-test kit with oral fluid is intended as a means to carry out initial screening carried out independently where the results are reactive will be referred to a health facility to obtain positive or negative confirmation using the HIV diagnosis pathway. Results of HIV screening carried out independently is as accurate as an HIV test carried out by personnel health (Luhukay and Afriana, 2022).

Women age 15-49 years from various backgrounds were asked whether they had ever heard of an HIV self-test kit, and only 9 percent said they had heard of it **(Table 11.5**). For age background, the 25-29 group is the largest (11%), while the 15-19 and 40-44 groups are the smallest (7%). Based on place of residence, urban residents (10%) know more than rural residents (7%). Based on education level, the largest group is more than secondary (21%), and the smallest is some primary and completed primary (4%). Those with no education (7%) are actually greater than some primary and completed primary. For the wealth ladder, the higher you go, the higher the percentage.

11.6 Self-reporting of Sexually Transmitted Infections

Sexually transmitted infections (STIs) and symptoms

Respondents who have ever had sex were asked whether they had an STI or symptoms of an STI (a bad-smelling, abnormal discharge from the vagina/penis or a genital sore or ulcer) in the 12 months before the survey.

Sample: Women and men age 15–49 who have ever had sex.

In the 2023-2024 IDHS, respondents who said they had had sexual intercourse were asked whether they had ever heard of diseases related to STIs (discharge from the genitals that is abnormal and smells bad, or pain in the genitals, or sores on the genitals). **Table 11.6** presents the prevalence of STIs and their symptoms in women. Seventy-six percent of women have heard of syphilis, forty-three percent had heard of gonorrhea, then 16% for genital warts, 11% for charoid and chlamydia, 25% for candida, 24% for genital herpes, and 7% for others.

11.7 KNOWLEDGE AND BEHAVIOR RELATED TO HIV AND AIDS AMONG WOMEN

This section addresses HIV-related knowledge among women 15-49, which also includes information on young people age 15–24 and assesses the extent to which young people engage in behaviors that may place them at risk of acquiring HIV.

11.7.1 Knowledge about HIV Prevention

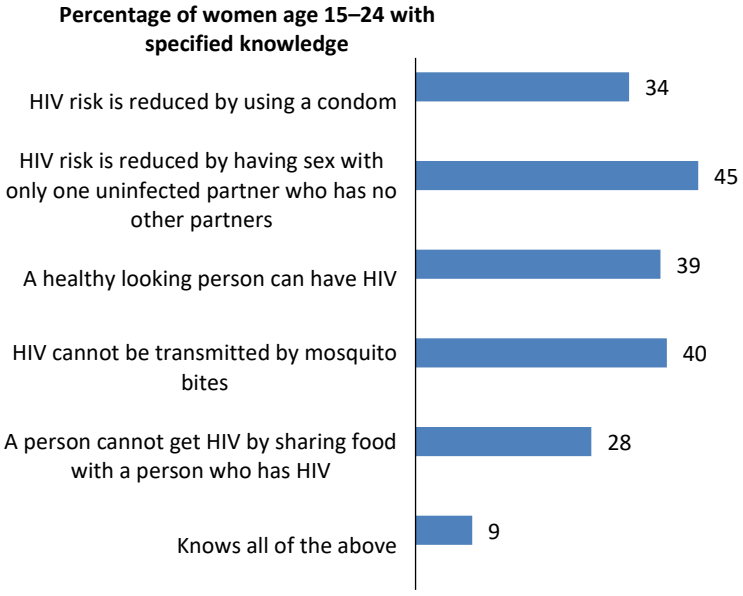
Knowledge about HIV prevention

Knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two major misconceptions about HIV transmission: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

Sample: Women age 15-49 and 15–24.

Knowledge of how HIV is transmitted is crucial in enabling people to avoid HIV infection, and this is especially true for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviors. The percentage of women who know that using a condom every time they have sexual intercourse can reduce the risk of contracting HIV is 34% from various backgrounds **(Figure 11.3)**.

Figure 11.3 Knowledge about HIV prevention among young people



Patterns by background characteristics

- **Table 11.7** shows that the percentage of women who know that having sex with only one HIV-negative partner and avoiding contact with others can reduce the risk of contracting HIV is 45%, across various backgrounds. For age background, the highest is 25-29 (56%) and the lowest is 40-49 (37%). For residential background, women in urban areas (50%) have higher awareness compared to those in rural areas 39%. For educational background, more than secondary (73%) is higher than some primary (22%). Surprisingly, some primary is lower than no education (32%). For the wealth quintile, the graph moves up as the level of wealth increases (33% for the lowest, and 59% for the highest).

- The same Table demonstrates that the percentage of women who know that people who look healthy could have HIV is 39%. Based on age, the highest is 25-29 (47%) and the lowest is 40-49 (33%). For residential background, urban 42% and rural 35%. For educational background, more than secondary (66%) is higher than some primary (14%). Surprisingly, some primary is lower than no education (27%). For the wealth quintile, the graph moves up as the level of wealth increases (29% for the lowest, and 53% for the highest).

- Those who have the knowledge that people without HIV can share food with PLWHA without having to become infected are 28%. Based on age, the highest is 25-29 (35%) and the lowest is 40-49 (23%). For residential background, urban 31% and rural 24%. For educational background, more than secondary (48%) is much higher than completed primary (14%). Surprisingly, completed primary is lower than no education (21%). For the wealth quintile, the graph moves up as the level of wealth increases (from 20% of the lowest to 40% of the highest).

11.7.2 First Sex

Young people who initiate sex at an early age are typically at higher risk of becoming pregnant or contracting an STI than young people who initiate sex later. Consistent condom use can reduce such risks.

Women aged 15-24 years who were asked about having sexual intercourse before the age of 15 years had a lower rate (1%) than those having sexual relations before the age of 18 years (7%) **(Table 11.8)**.

Patterns by background characteristics

- **Table 11.8** suggests that the percentage of young women who had sexual intercourse before the age of 18 was highest among respondents age 23-24 years (10%).

- The same Table tells us that the percentage of young women who have had sexual intercourse before the age of 15 years in rural areas (2%) is higher than in urban areas (1%). More young women have had sexual intercourse before the age of 18 in rural areas (12%) than in urban areas (4%).

- The percentage of young women who had sexual intercourse before the age of 15 years with no education status (4%) is higher than those with more than secondary status (less than 1%). More young women who had sexual intercourse before the age of 18 years with completed secondary status (33%) compared to those with more than secondary status at less than 1% **(Table 11.8)**. Furthermore, **Table 11.9** shows that almost all never-married women age 15-24 have never had sexual intercourse.

List of Tables

For more information on knowledge, attitudes, and behavior related to HIV and AIDS, see the following tables:

- **Table 11.1 Knowledge of HIV or AIDS**
- **Table 11.2 Knowledge of and attitudes about medicines to treat HIV or prevent HIV tranmission**
- **Table 11.3 Discriminatory attitudes towards people living with HIV**
- **Table 11.4 Multiple sexual partners and higher-risk sexual intercourse in the last 12 months: Women**
- **Table 11.5 Knowledge of self-testing for HIV**
- **Table 11.6 Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms**
- **Table 11.7 Knowledge about HIV prevention**
- **Table 11.8 Age at first sexual intercourse among young people**
- **Table 11.9 Premarital sexual intercourse among young women**

Table 11.1 Knowledge of HIV or AIDS

Percentage of women age 15-49 who have heard of AIDS, by background characteristics, Indonesia DHS 2023-24

Background characteristic	Has heard of AIDS	Number of respondents
Age		
15-24	71.5	3,178
15-19	69.6	1,681
20-24	73.6	1,497
25-29	76.7	1,353
30-39	71.3	3,422
40-49	58.4	3,741
Marital status		
Never married	73.0	3,283
Ever had sex	61.5	56
Never had sex	73.2	3,227
Married/Living together	66.4	7,915
Divorced/Separated/Widowed	56.2	497
Residence		
Urban	72.1	6,704
Rural	62.1	4,991
Education		
No education	44.5	347
Some primary	42.2	398
Completed primary	47.7	2,436
Some secondary	65.1	3,034
Completed secondary	77.8	3,912
More than secondary	91.1	1,568
Wealth quintile		
Lowest	54.4	1,792
Second	57.3	2,254
Middle	65.8	2,371
Fourth	74.5	2,649
Highest	81.1	2,629
Total 15-49	67.8	11,695

Table 11.2 Knowledge of and attitudes about medicines to treat HIV or prevent HIV transmission

Percentage of women age 15-49 who have heard of antiretroviral medicines (ARVs) that treat HIV, percentage who know that the risk of mother to child transmission (MTCT) of HIV can be reduced by mother taking special drugs, and percentage who have heard of pre-exposure prophylaxis (PrEP), according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage who know that HIV can be transmitted from mother to child: Percentage who had heard of ARVs that treat HIV	Percentage who know that the risk of MTCT can be reduced by mother taking special drugs	Percentage who have heard of PrEP	Number of respondents
Age				
15-24	10.2	12.4	6.5	3,178
15-19	8.3	9.3	4.9	1,681
20-24	12.3	15.8	8.3	1,497
25-29	13.1	16.7	9.7	1,353
30-39	10.5	16.0	7.8	3,422
40-49	8.7	11.9	6.7	3,741
Marital status				
Never married	11.5	13.3	7.9	3,283
Ever had sex	22.0	16.9	15.1	56
Never had sex	11.3	13.3	7.8	3,227
Married/Living together	9.8	14.3	7.4	7,915
Divorced/Separated/Widow-ed	6.4	7.8	2.8	497
Residence				
Urban	12.7	16.4	9.4	6,704
Rural	6.6	10.3	4.5	4,991
Education				
No education	8.9	14.2	9.1	347
Some primary	2.6	5.6	2.3	398
Completed primary	3.6	6.7	2.3	2,436
Some secondary	5.9	10.4	4.2	3,034
Completed secondary	11.9	15.6	8.4	3,912

More than secondary	26.2	29.0	19.3	1,568
Total 15-49	10.1	13.8	7.3	11,695

Table 11.3 Discriminatory attitudes towards people living with HIV

Among women age 15-49 who have heard of HIV or AIDS, percentage who do not think that children living with HIV should be able to attend school with children who are HIV negative, percentage who would not buy fresh vegetables from a shopkeeper who has HIV, and percentage with discriminatory attitudes towards people living with HIV, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage who do not think that children living with HIV should be able to attend school with children who are HIV negative	Percentage who would not buy fresh vegetables from a shopkeeper who has HIV	Percentage with discriminatory attitudes towards people living with HIV[1]	Number of women who have heard of HIV or AIDS
Age				
15-24	37.4	42.7	49.7	2,272
15-19	36.9	40.6	49.2	1,170
20-24	38.0	44.9	50.3	1,101
25-29	38.8	45.0	51.6	1,038
30-39	42.8	46.7	54.4	2,439
40-49	38.5	41.2	48.4	2,184
Marital status				
Never married	36.8	41.0	48.4	2,395
Ever had sex	44.2	33.7	48.2	34
Never had sex	36.7	41.1	48.4	2,360
Married/Living together	40.8	45.4	52.2	5,258
Divorced/Separated/ Widowed	39.4	39.3	51.3	279
Residence				
Urban	38.6	41.7	48.7	4,831
Rural	41.0	47.2	54.7	3,101
Education				
No education	40.4	41.0	50.5	154
Some primary	47.1	50.2	57.3	168
Completed primary	39.8	44.6	52.2	1,163
Some secondary	40.6	43.8	51.9	1,975
Completed secondary	39.0	43.6	50.0	3,044
More than secondary	38.1	43.4	50.5	1,429

Wealth quintile				
Lowest	47.0	52.8	60.9	974
Second	41.7	46.0	53.5	1,292
Middle	38.9	45.2	52.0	1,559
Fourth	38.7	43.8	50.5	1,975
Highest	36.2	37.5	44.9	2,132
Total 15-49	39.6	43.8	51.0	7,933

[1] Percentage who do not think that children living with HIV should be able to attend school with children who are HIV negative and/or would not buy fresh vegetables from a shopkeeper who has HIV.

Table 11.4 Multiple sexual partners and higher-risk sexual intercourse in the last 12 months: Women

Among all women age 15-49, percentage who had sexual intercourse with two sexual partner in the last 12 months, and percentage who had intercourse in the last 12 months with a person who was neither their husband nor lived with them; among those having two partners in the last 12 months, percentage reporting that a condom was used during last intercourse; among women age 15-49 who had sexual intercourse in the last 12 months with a person who was neither their husband nor lived with them, percentage who used a condom during last sexual intercourse with such a partner; and among women who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Indonesia DHS 2023-24

	All women			Women who had 2 partners in the last 12 months		Women who had intercourse in the last 12 months[1]		Women who ever had sexual intercourse[2]	
Background characteristic	Percentage who had 2 partners in the last 12 months	Percentage who had intercourse in the last 12 months[3]	Number of women	Percentage who reported using a condom[4]	Number of women	Percentage who reported using a condom[5]	Number of women	Mean number of sexual partners in lifetime	Number of women
Age									
15-24	0.1	0.3	3,178	*	3	*	11	1.4	510
15-19	0.1	0.3	1,681	*	1	*	6	(1.0)	48
20-24	0.1	0.4	1,497	*	2	*	5	1.5	461
25-29	0.2	0.4	1,353	*	2	*	5	1.6	981
30-39	0.2	0.3	3,422	*	8	*	12	1.4	3,196
40-49	0.2	0.3	3,741	*	8	*	11	1.4	3,588
Marital status									
Never married	0.1	0.5	3,283	*	3	(25.2)	17	4.7	53
Married or living together	0.2	0.2	7,915	*	18	*	18	1.4	7,729
Divorced/sepa-	0.1	0.8	497	*	0	*	4	1.8	493

rated/widowed									
Residence									
Urban	0.2	0.4	6,704	*	14	(30.6)	28	1.5	4,581
Rural	0.1	0.2	4,991	*	7	*	11	1.3	3,694
Education									
No education	0.3	1.5	347	*	1	*	5	2.4	232
Some primary	0.2	0.0	398	*	1	*	0	2.0	361
Completed primary	0.1	0.3	2,436	*	3	*	6	1.2	2,291
Some secondary	0.2	0.1	3,034	*	5	*	4	1.3	1,930
Completed secondary	0.2	0.4	3,912	*	6	*	17	1.6	2,478
More than secondary	0.2	0.4	1,568	*	4	*	7	1.4	983
Wealth quintile									
Lowest	0.2	0.5	1,792	*	4	*	9	1.5	1,256
Second	0.1	0.2	2,254	*	3	*	5	1.4	1,636
Middle	0.1	0.3	2,371	*	3	*	8	1.4	1,720
Fourth	0.1	0.2	2,649	*	2	*	6	1.5	1,843
Highest	0.3	0.4	2,629	*	9	*	12	1.4	1,819
Total 15-49	0.2	0.3	11,695	(47.5)	21	(23.0)	39	1.4	8,275

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

[1] Women who had intercourse in the last 12 months[1] with a person who was neither their husband nor lived with them

[2] Means are calculated excluding respondents who gave non-numeric responses.

[3] Percentage who had intercourse in the last 12 months with a person who was neither their husband nor lived with them.

[4]Percentage who reported using a condom during last sexual intercourse with such a partner.

[5] Percentage who reported using a condom during last sexual intercourse with such a partner.

Table 11.5 Knowledge of self-testing for HIV

Percentage of women age 15-49 who have ever heard of HIV self test kits, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Women Ever heard of HIV self	Number of women

	test kits	
15-19	7.4	1,681
20-24	9.4	1,497
25-29	11.3	1,353
30-34	10.3	1,672
35-39	9.8	1,750
40-44	7.4	1,962
45-49	7.7	1,779
Residence		
Urban	10.1	6,704
Rural	7.4	4,991
Education		
No education	6.7	347
Some primary	3.8	398
Completed primary	3.9	2,436
Some secondary	6.4	3,034
Completed secondary	9.9	3,912
More than secondary	21.2	1,568
Wealth quintile		
Lowest	5.7	1,792
Second	6.1	2,254
Middle	9.2	2,371
Fourth	8.4	2,649
Highest	13.8	2,629
Total 15-49	8.9	11,695

Table 11.6 Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms

Among women age 15-49 who have heard about sexually transmitted infections (STIs) and who ever had sexual intercourse, percentage reporting on different types of STIs an individual might have, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Siphilis	Gonor-rhea	Genital Warts/ Condylo-mata	Chan-croid	Clamy-dia	Candida	Genital Herpes	Other	Number of women
Age									
15-24	84.4	45.2	17.2	10.9	2.4	31.8	25.5	10.0	64
15-19	*	*	*	*	*	*	*	*	3
20-24	83.7	44.4	18.1	11.4	2.6	33.4	26.8	10.5	61
25-29	78.6	34.6	11.0	9.0	7.5	20.7	26.2	7.5	165
30-39	75.1	41.1	15.3	9.5	10.7	25.1	19.7	7.4	587
40-49	75.3	47.5	18.8	13.8	14.2	25.5	27.6	5.0	443
Marital status									
Never married	*	*	*	*	*	*	*	*	6
Married or living together	76.4	42.7	16.1	11.2	11.2	25.3	23.8	6.5	1,189
Divorced/sep-arated/widow-ed	73.2	45.6	13.9	5.7	6.0	17.8	19.6	10.8	65
Residence									
Urban	77.8	43.3	17.2	12.2	12.7	27.1	24.6	7.4	891
Rural	72.0	41.2	13.2	8.2	7.2	19.9	21.3	5.0	369
Education									
No education	(85.6)	(57.3)	(14.9)	(18.7)	(12.7)	(19.6)	(31.2)	(0.0)	45
Some primary	*	*	*	*	*	*	*	*	16
Completed primary	62.2	34.8	8.5	5.7	4.4	15.3	16.4	6.7	122
Some secondary	70.6	35.4	15.3	12.6	9.9	30.2	28.9	5.7	205

Completed	77.								
secondary	4	39.0	11.5	8.4	8.8	23.2	22.3	5.5	434
More than	81.								
secondary	2	49.7	23.5	13.9	15.8	28.3	24.4	9.3	437
Wealth quintile									
Lowest	63.	36.5	7.3	7.9	6.4	13.8	15.8	5.4	11
	0								6
Second	72.	47.9	17.4	8.2	8.2	25.2	23.2	6.5	14
	9								0
Middle	71.	34.0	7.6	7.9	6.6	24.6	24.3	5.3	21
	7								7
Fourth	77.	37.3	18.1	9.5	14.1	24.7	17.8	6.0	264
	0								
Highest	81.	49.0	20.1	14.5	13.2	27.7	28.2	8.0	524
	2								
Total 15-49	76.1	42.7	16.1	11.0	11.1	25.0	23.7	6.7	1,26
									0

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

Table 11.7 Knowledge about HIV prevention

Percentages of women age 15-49 who, in response to prompted questions, say that people can reduce their risk of getting HIV by using condoms every time they have sexual intercourse and by having one sex partner who is not infected and has no other partners, that a healthy-looking person can have HIV, that HIV cannot be transmitted by mosquito bites, and that a person cannot get HIV by sharing food with a person who has HIV, and the percentage with knowledge about HIV prevention, according to background characteristics, Indonesia DHS 2023-24

	Percentage who know:						
Background characteristic	Using a condom every time they have sex	Having sex with only one uninfected partner who has no other partners	A healthy-looking person can have HIV	HIV cannot be transmit-ted by mosquito bites	A person cannot get HIV by sharing food with a person who has HIV	Percentage with know-ledge about HIV preven-tion[1]	Number of women
Age							
15-19	25.6	41.2	36.7	32.6	25.3	7.0	1,681
15-17	22.5	34.1	31.0	26.8	20.3	4.6	1,038
18-19	30.4	52.6	45.8	41.9	33.4	10.7	643

20-24	38.0	51.2	44.3	37.9	30.9	8.6	1,497
20-22	35.6	48.5	41.2	35.3	29.6	6.7	964
23-24	42.2	56.1	49.8	42.7	33.1	12.2	533
25-29	41.3	55.9	46.9	41.0	35.3	12.4	1,353
30-39	37.7	49.3	42.2	36.4	31.3	10.2	3,422
40-49	28.5	37.3	32.6	28.0	23.1	7.0	3,741
Marital status							
Never married	32.3	47.5	41.0	37.6	28.4	8.2	3,283
Ever had sex	40.9	37.1	40.2	27.9	27.4	4.5	56
Never had sex	32.2	47.7	41.1	37.8	28.4	8.3	3,227
Ever married	33.9	44.4	38.4	32.5	28.2	9.0	8,412
Residence							
Urban	37.3	50.2	42.4	40.3	31.3	10.4	6,704
Rural	28.3	38.7	34.8	25.3	24.1	6.5	4,991
Education							
No education	24.1	31.7	26.6	20.9	20.5	4.2	347
Some primary	14.2	21.6	13.9	16.9	15.7	0.4	398
Completed primary	18.3	25.0	22.5	16.5	14.3	3.3	2,436
Some secondary	27.9	40.6	34.0	28.3	24.1	5.9	3,034
Completed secondary	40.2	54.2	46.3	42.1	34.2	10.6	3,912
More than secondary	57.9	72.8	66.1	58.4	47.7	21.1	1,568
Wealth quintile							
Lowest	20.9	33.1	29.0	20.2	19.7	3.0	1,792
Second	24.9	35.6	29.8	25.4	22.5	5.4	2,254
Middle	32.3	43.4	36.8	31.0	23.8	7.5	2,371
Fourth	35.5	49.6	41.9	36.9	31.0	9.0	2,649
Highest	48.3	59.2	53.4	50.1	40.1	16.4	2,629
Total 15-49	33.5	45.3	39.1	33.9	28.2	8.7	11,695

[1] Knowledge about HIV prevention means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two major misconceptions about HIV transmission: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

Table 11.8 Age at first sexual intercourse among young people

Percentage of young women age 15-24 who had sexual intercourse before age 15 and percentage of young women age 18-24 who had sexual intercourse before age 18, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Women age 15–24		Women age 18–24	
	Percentage who had sexual intercourse before age 15	Number of women	Percentage who had sexual intercourse before age 18	Number of women
Age				
15–19	0.7	1,681	na	na
15–17	0.7	1,038	na	na
18–19	0.6	643	2.3	643
20–24	1.8	1,497	9.3	1,497
20–22	2.1	964	9.0	964
23–24	1.3	533	10.1	533
Residence				
Urban	0.5	1,873	4.2	1,255
Rural	2.2	1,305	11.5	886
Education				
No education	4.1	108	2.8	79
Some primary	1.7	60	(46.8)	47
Completed primary	3.6	137	33.1	115
Some secondary	1.8	1,119	20.5	297
Completed secondary	0.6	1,379	2.5	1,229
More than secondary	0.1	376	0.3	374
Total	1.2	3,178	7.2	2,140

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

Table 11.9 Premarital sexual intercourse among young women

Among never-married women age 15-24, percentage who have never had sexual intercourse, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Women age 15-24	
	Percentage who have never had sexual intercourse	Number of never married women
Age		
15-19	99.5	1,638
15-17	99.8	1,024
18-19	99.1	615
20-24	99.1	1,038
20-22	99.1	736
23-24	99.1	301
Residence		
Urban	99.6	1,674
Rural	99.0	1,002
Education		
No education	97.3	86
Some primary	(86.3)	31
Completed primary	99.5	48
Some secondary	100.0	994
Completed secondary	99.4	1,156
More than secondary	99.3	360
Total	99.4	2,676

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

WOMEN'S EMPOWERMENT 12

Key Findings

- ***Employment***: Most women (46%) worked in the 12 months prior to the survey. Among those who worked, 88% of women received cash pay.
- ***Control over earnings***: 90% of employed married women participated in decisions about the use of their income; 53% together with their husband, and 37% made the decisions alone. 88 percent married woman participated in decisions about the use of their husbands' income: 28 percent as the main decision maker, and 60 percent were wives together with their husbands.
- ***Participation in household decision-making***: 77% women were involved in all three decision-making aspects: woman's own health care, making major household purchases, and visits to her family or relatives, and a few were not involved in at all in decision-making (8%).
- ***Attitudes towards wife beating*** 86% of women did not accept any reason for wife-beating, and a few could accept 5 reasons for wife-beating (1%). Meanwhile, 12 percent of women agreed that a husband is allowed to beat his wife for at least one of the five circumstances.
- ***Participation in Decision Making on Sexual and Reproductive Health***: 41% of women can make their own decisions about having sexual intercourse, use of contraceptives, and reproductive health care.

This chapter explores women's empowerment in terms of employment, earnings, control over earnings, and magnitude of earnings relative to those of their partners. The chapter also examines women's ownership of assets including houses, land, and mobile phones as well as their use of bank accounts and mobile-money-service providers. In addition, responses to specific questions are used to define three different indicators of women's empowerment: women's participation in household decision making, women's attitudes towards wife beating, and women's participation in decision making regarding sexual and reproductive health.

12.1 MARRIED WOMEN'S EMPLOYMENT

Employment

Respondents are considered to be employed if they have done any work other than their housework in the 12 months before the survey.

Sample: Currently married women age 15–49.

Earning cash for employment

Respondents are asked if they are paid for their labor in cash or in-kind. Only those who receive payment in cash only or in cash and in-kind are considered to earn cash for their employment.

Sample: Currently married women age 15–49 employed in the 12 months before the survey.

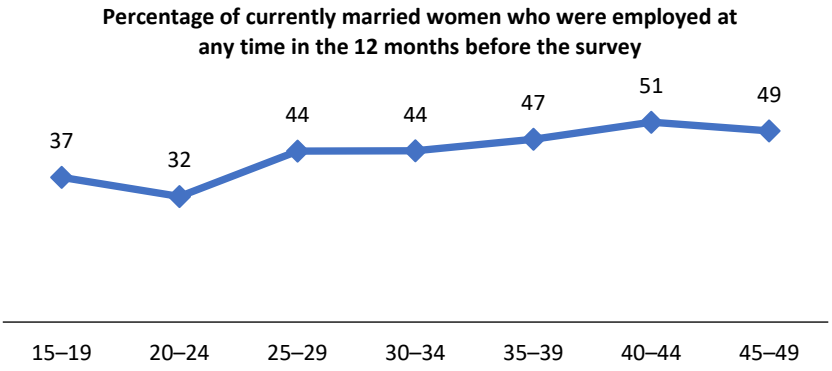
Forty-six percent of the married women were employed in the 12 months preceding the survey. Among those who are employed, 88% of women receive payment in cash. Twelve percent of married women work without payment. Married women who receive payment only in kind are less then 1% **(Table 12.1)**.

Trends: The proportion of married women employed in the past 12 months has declined from 63% in the 2012 IDHS to 46% in the 2023-24 IDHS.

Patterns by background characteristics

- The percentage of married women employed increases with age, peaking in the 40-44 age group and decreasing in the age groups above that. Thirty two percent in the 20-24 age group, 51% in the 40-44 age group, and 49% in the 45-49 age group **(Figure 12.1)**.

Figure 12.1 Percentage of currently married women who were employed at any time in the 12 months before the survey



- The percentage of married women in unpaid employment is highest among women aged 20-24 (15%).

12.2 CONTROL OVER WOMEN'S EARNINGS

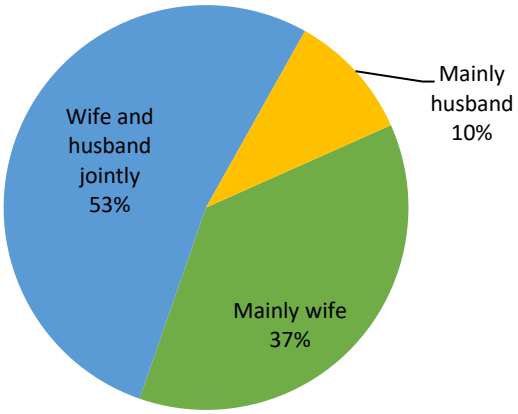
Control over one's own cash earnings

Respondents are considered to have control over their own earnings if they participate in decisions alone or jointly with their spouse about how their own earnings will be used.

Sample: Currently married women age 15–49 who received cash earnings for employment during the 12 months before the survey.

Most women who earn cash decide together with their husbands how to use their income (53%), 37% decide for themselves, and only 10% report their husbands are the primary decision makers over their income. Most women earn less income than their husbands (45%), 32% earn income that tend to be the same, 10 percent earn more income than their husbands, and 5% have husbands who do not earn **(Table 12.2.1 and Figure 12.2)**.

Figure 12.2 Percent distribution of currently married women with cash earnings in the 12 months before the survey by person who decide wife's earning are used



Trends: The proportion of women who decide for themselves how to use their income has increase from 65% (2012 IDHS) to 73% (2017 IDHS) then fallen to 37% (2023-24 IDHS). In contrast, the percentage of women who decide together with their husbands has decreased from 29% in the 2012 IDHS to 24% in the 2017 IDHS then rose to 53% in the 2023-24 IDHS. Meanwhile, women who hand over decisions on the use of their income to their husbands also increased from 5% (2012 IDHS) to 10% (2023-24 IDHS).

Patterns by background characteristics

- Women's participation in making decisions on the use of their income declines as the number of children increases. Seven percent of women who do not have any children at all hand over decisions on the use of their income to their husbands, compared to 14% of women who have five or more children.
- The percentage of women who earn more than their husbands decreases as the number of children increases. 14% of women do not have any children at all, compared to 9% of women who have five or more children.
- Thirteen percent of women who live in rural areas and 8 percent who live in urban areas do not participate in deciding the use of their income.
- The percentage of women earning more than their husbands grows with education and wealth quintile. Fifteen percent of women with a high level of education earn more than their husbands, compared to 3% of women with no education.

12.3 Control over Men's Earnings

In women whose husbands have income, they were asked who the main decision maker is in the use of the husband's income; Half of women (60%) said the wife together with the husband, 28% stated that the wife is the primary decision maker, and 12% in the hands of the husband **(Table 12.2.2)**.

Trends: The percentage of wives who are the primary decision-makers in the use of their husband's income decreased from 41% (2012 IDHS) to 28% (2023-24 IDHS). In contrast, the percentage of women who decide on the use of their husband's income together with their husbands increased from 46% in the 2012 IDHS to

60% in the 2023-24 IDHS. The percentage of husbands who are the primary decision-makers in the use of their income has remained the same at 12% since (2012 IDHS).

Patterns by background characteristics

- The percentage of wives who make the leading decision on the use of their husband's income varies by age group. This variation ranges from 25% for women aged 30-34 to 32% for women aged 20-24.
- Fifteen percent of women who live in rural areas are not involved in decisions about the use of their husband's income, while 10% of women who live in urban areas do not participate in decisions about the use of their husband's income.
- The higher the education of women, the more involved wives are in decision-making about using their husbands' income; for example, 19% of women who did not attend school, compared to 10% of women with more than secondary education, were not involved at all in making such decisions.

12.4 Women's and Men's Ownership of Assets

12.4.1 Ownership of a House or Land and Documentation of Ownership

Ownership of a house or land

Respondents who own a house or land, whether alone or jointly with their spouse, someone else, or both their spouse and someone else.

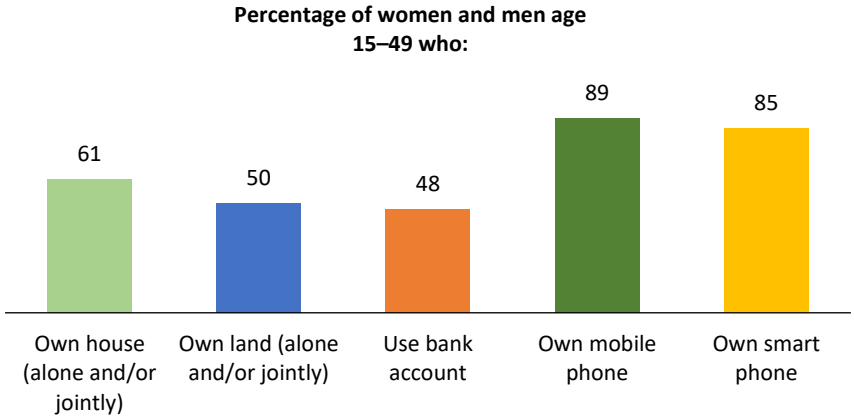
Documentation of ownership of a house or land

Respondents whose name is on the title/deed or other government-recognized document.

Sample: Women age 15–49.

More than half of women (61%) own a house, and 50 percent own land, either alone, jointly, or both alone and jointly with others. Of these houses owned by women, 54% have title deeds, and 32% do not. Of the land owned by women, 22% has title deeds, and 52% do not. Women whose names are on their house and land title deeds are 28% and 11%. Women whose names are not on their house and land title deeds have percentages of 26% and 11% respectively **(Table 12.3 and Figure 12.3)**.

Figure 12.3 Women's Ownership of a House or Land and Documentation of Ownership



Trends: The percentage of women who own houses, either individually, jointly, or separately and jointly with others, has increased from 50% (2012 IDHS) to 61% (2023-24 IDHS). The percentage of women who own land, either individually, jointly, or separately and jointly with others, grew from 41% (2012 IDHS) to 50% (2023-24 IDHS). The percentage of women who own house certificates in their names increased from

22% (2017 IDHS) to 28% (2023-24 IDHS). The percentage of women who own land certificates in their names declined from 27% (2017 IDHS) to 11% (2023-24 IDHS).

Patterns by background characteristics

- The percentage of women who own their own houses either alone, jointly or both alone and jointly, increases with age. For example, 7% of women age 15-19 and 87% of women age 45-49 own house **(Table 12.4)**.

- In general, regarding home and land ownership, women living in rural areas who own houses and land, either alone, together, or alone and together with others, have a higher percentage compared to those living in urban areas. However, for title deeds, women in urban areas have a higher percentage of their names listed on house title deeds, while women in rural areas have a higher percentage of their names listed on land title deeds. For example, 64% and 58%t of women in rural areas own houses and land, while in urban areas only 59% and 44%. Meanwhile, the inclusion of the name of the woman owner in the house and land title deed in urban areas is 31% and 9%, and in rural areas, 25% and 13%.

- In women age 15-49, house ownership increases with increasing wealth quintile. In the lowest wealth quintile is 59%, while in the highest wealth quintile, it is 65%.

12.4.2 Ownership and Use of Mobile Phones and Bank Accounts

Use of bank accounts or mobile-money-service providers

Respondents who have and use a bank account or who used a mobile phone for financial transactions in the 12 months before the survey.

Sample: Women age 15–49.

Forty-eight percent of women have a bank account, and a large majority (89%) have a mobile phone. Meanwhile, 56% of women have and used a bank account or a mobile phone for financial transactions in the last 12 months **(Table 12.6)**.

Patterns by background characteristics

- There are differences in bank account ownership and use, mobile phone ownership, and use of bank accounts and mobile phones for financial transactions by age among women. The highest percentage of bank account ownership is among women aged 25-29 (59%), mobile phone ownership is among women age 20-24 (96%). Meanwhile, ownership and use of bank accounts or used a mobile phone for financial transactions is in women age 25-29 (67%).

- The percentage of bank account ownership and use, and mobile phone ownership among women living in rural areas is lower (39% and 83%) compared to those living in urban areas (54% and 94%). Likewise, ownership and use of bank accounts or used a mobile phone for financial transactions in rural areas is lower than in urban areas (48% versus 62%).

- Bank account ownership and use, mobile phone ownership, and use of a bank account and mobile phone for financial transactions among women increases with increasing levels of education. For example, 26% percent of women with no education and 89% of women with more than a secondary education have and use a bank account. Seventy-two percent of women with no education and 99% of women with more than a secondary education have a mobile phone. Meanwhile, for having and using a bank account or using a mobile phone for financial transactions in the last 12 months, as many as 32% of women without education and 93% of women more than secondary.

- Women's ownership of a bank account and use, ownership of mobile phone, and use of a bank account and mobile phone for financial transactions in the past 12 months increased with increasing wealth

quintile. Twenty-two percent of women in the lowest wealth quintile and 76% of women in the highest wealth quintile have and use a bank account. Seventy-two percent of women in the lowest wealth quintile and 97% of women in the highest wealth quintile own a mobile phone. Thirty percent of women in the lowest wealth quintile and 83% of women in the highest wealth quintile owned and use a bank account or used a mobile phone for financial transactions.

12.5 Participation in Decision Making

Participation in major household decisions

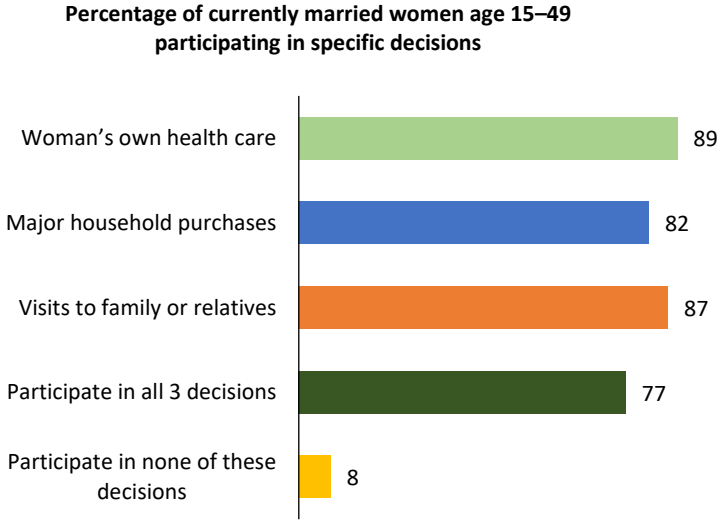
Women are considered to participate in household decisions if they make decisions alone or jointly with their husband in all three of the following areas: (1) their own health care, (2) major household purchases, and (3) visits to their family or relatives.

Sample: Currently married women age 15–49.

The majority of women reported that they were involved either alone (10-28%) or together with their husbands (61-77%) in making these decisions. However, 18% of women said their husbands usually made decisions about major household expenses, 11% said their husbands made decisions about personal health care, and 13% said their husbands made decisions about visits to family or relatives **(Table 12.7)**.

The majority of women reported that they were involved in 3 decisions (77%) and a few were not involved in any decision making (8%) **(Table 12.8 and Figure 12.4)**.

Figure 12.4 Percentage of currently married women age 15–49 participating in specific decisions



Patterns by background characteristics

- The percentage of women who worked for money and women who were not working were more likely to participate in all three decisions (77% each) than women who were not working for money (69%).
- Women's participation in decision-making increased with the number of children. 75% of women had no children at all, compared with 78% of women who had five or more children.
- A higher percentage of women in urban areas participated in all three decisions than those in rural areas (80% and 72%).
- Women's participation in decision-making increases with increasing education level and wealth quintile. Eighty-three percent of women with more than secondary education participate in all three decisions,

compared to 65 percent of women with no education. However, it decreases slightly for those with some primary education (59%). The same thing applies to wealth quintile levels; the range of women's involvement in the three decisions is between 82% of women in the highest wealth quintile and 69% in the lowest quintile **(Table 12.8)**.

12.6 Attitudes toward Wife Beating

Attitudes toward wife beating

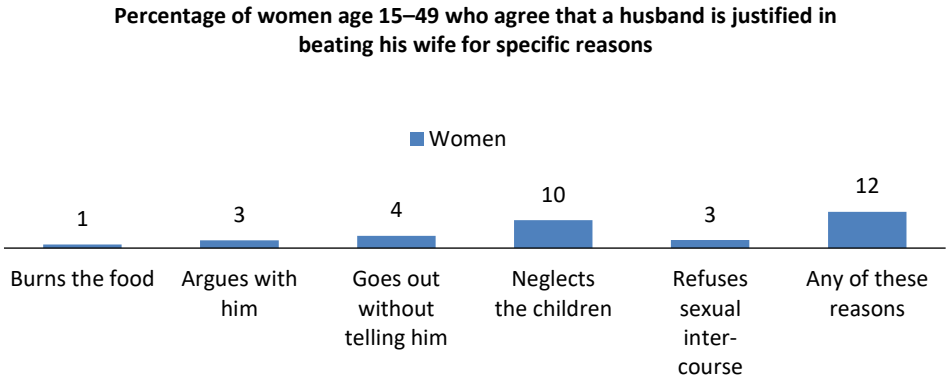
Respondents are asked if they agree that a husband is justified in hitting or beating his wife under each of the following five circumstances: she burns the food, she argues with him, she goes out without telling him, she neglects the children, and she refuses to have sex with him. If respondents answer "yes" in at least one circumstance, they are considered to have attitudes justifying wife beating.

Sample: Women age 15–49.

Overall, 12% of women aged 15-49 in Indonesia agree that a husband is justified in beating his wife for at least one of the five circumstances listed above, with the highest proportion being for neglecting their children (10%) **(Table 12.9)**.

The percentage of women who agreed with the reasons for wife beating varied greatly with the number of reasons agreed. 88% of women did not accept any of the reasons for beating, while 1% of women could accept all five reasons for wife beating **(Table 12.9 and Figure 12.5)**.

Figure 12.5 Percentage of women age 15–49 who agree that a husband is justified in beating his wife for specific reasons



Trends: The percentage of women who justify husbands beating their wives due to specific circumstances has fallen from 35% in the 2012 IDHS, to 12% in the 2023-24 IDHS.

Patterns by background characteristics

- The percentage of women who are employed for cash and those who are not employed have similar opinion about justifying a husband beating his wife for at least one of the five circumstances (11% and 13%, respectively) and it is much higher among women who are employed not for cash (22%).
- Attitudes toward wife beating are more acceptable as the number of children increases. For instance, 11% of women with no children agree with at least one specified reason for justifying wife beating compared with 18% of women who have 5 or more children.
- Attitudes toward wife beating becomes more acceptable among married or cohabiting women (14%) compared with unmarried women (10%) and women who are separated, divorced, or widowed (11%).

- Attitudes towards wife beating are more acceptable in rural areas than in urban areas. For instance, 17% of women living in rural areas agree that a husband beating his wife is justified in at least 1 out of 5 circumstances, compared to 9% of women living in urban areas.

- There are differences in acceptance of wife-beating by education level. For example, 19% of women who have no education compared to 12% of women with more than secondary education justify a husband beating his wife in at least one specified reason.

- Women's acceptance of wife-beating decreases with increasing wealth quintile, with 23% percent of women in the lowest wealth quintile compared to 7% of women in the highest wealth quintile.

12.7 Negotiating Sexual Relations

12.7.1 Attitude Towards Negotiating Safer Sexual Relations with Husband

To assess attitudes toward negotiating safer sexual relations with husbands, women were asked whether they thought that a wife is justified in refusing to have sexual intercourse with her husband if she knows he has sex with other women and asking that he use a condom if she knows he has a sexually transmitted infection (STI).

The percentage of women who believed that a woman is justified in refusing to have sex with her husband if she knows that he has had sex with another woman was higher than those who believed that a woman is justified in asking her husband to use a condom if they know that he has an STI, 58 versus 48 percent **(Table 12.10)**.

Patterns by background characteristics

- Attitudes towards negotiating safer sex were more acceptable among married or cohabiting women. For example, 63% of married or cohabiting women believed that a woman was justified in refusing to have sex with her husband if she knew that he had had sex with another woman, compared with 46% of unmarried women and 55% of divorced/separated/divorced women.

- The percentage of women living in urban areas who believe that a woman is justified in refusing to have sex with her husband if she knows that he has had sex with another woman is higher than that of women living in rural areas (62% versus 53%). Those who believe that a woman is justified in asking her husband to use a condom if they know that he has an STI are 52% in urban areas versus 43% in rural areas

- The higher the education and wealth quintile, the higher the percentage of women's attitudes toward negotiating safer sex. For example, the percentage of women who believe that a woman is justified in refusing to have sex with her husband if she knows that he has had sex with another woman is lower among women with no education than among women more than secondary (37% versus 70%).

12.7.2 Attitude Towards Negotiating Safer Sexual Relations with Husband

To assess the ability of women to negotiate safer sexual relations with their husband, women were asked whether they could say no to their husband if they do not want to have sexual intercourse and whether they could ask their husband to use a condom.

There is a difference in the percentage of women who can negotiate sexual relations with their husbands, where they can say no to their husbands if they do not want to have sex is higher than the percentage of women who can ask their husbands to use condoms, which is 49% compared to 43% **(Table 12.11)**.

Patterns by background characteristics

- There is a difference in the percentage of women who can negotiate sexual relations with their husbands according to the characteristics of their residential background. Still, women in urban areas are more empowered than women in rural areas in terms of asking their husbands to use condoms. Where the percentage of women living in urban areas who can ask their husbands to use condoms is much higher than rural women, 50% compared to 34%.

- The higher the education and wealth quintile, the higher the percentage of women who can negotiate sexual relations with their husbands. For example, the percentage of women who can ask their husbands to use condoms is lower in the lowest wealth quintile compared to women in the highest wealth quintile (31% vs. 55%).

12.8 Women's Participation in Decision Making regarding Sexual and Reproductive Health

Informed decision making on sexual relations, contraceptive use, and reproductive health

Women are considered to make their own informed decisions on sexual relations, contraceptive use, and reproductive health if (1) they can say no to their husband if they do not want to have sexual intercourse, (2) they make decisions about use of family planning alone or jointly with their husband, and (3) they make decisions about their own health care alone or jointly with their husband.

Sample: Currently married women age 15–49.

The percentage of women who can make their own informed decisions about sexual relations, contraceptive use, and reproductive health is 41% **(Table 12.12)**.

Patterns by background characteristics

- The percentage of women who work to earn money and women who do not work are more able to make their own decisions in all three decisions (41% each) compared to women who work but do not earn money (36%).

- There is a difference in the percentage of women who can make their own informed decisions about sexual relations, contraceptive use, and reproductive health by residence. Women in urban areas are more able to make their own decisions than women in rural areas (44% compared to 38%).

- The higher the education and wealth quintile, the higher the percentage of women who can make their own informed decisions about sexual relations, contraceptive use, and reproductive health. For example, the percentage of women who can ask their husbands to use condoms for women who have not attended school is lower than for women more than secondary (31% compared to 50%). However, there is an anomaly at the middle and fourth wealth quintile levels (39% each).

List of Tables

For more information on women's empowerment, see the following tables:

Table 12.1 Employment and cash earnings of currently married women

Percentage of currently married women age 15-49 who were employed at any time in the last 12 months and percent distribution of currently married women employed in the last 12 months by type of earnings, according to age, Indonesia DHS 2023-24

	Among currently married respondents:		Percent distribution of currently married respondents employed in the last 12 months, by type of earnings					
Age	Percentage employed in last 12 months	Number of respon-dents	Cash only	Cash and in-kind	In-kind only	Not paid	Total	Number of respon-dents
15-19	(37.0)	42	*	*	*	*	100.0	16
20-24	32.1	446	82.5	2.2	0.0	15.2	100.0	143
25-29	43.7	945	82.1	3.5	0.0	14.4	100.0	413
30-34	43.8	1,492	82.0	5.1	0.7	12.2	100.0	654
35-39	46.7	1,619	83.4	5.5	0.0	11.1	100.0	756
40-44	51.1	1,803	81.1	6.4	0.9	11.7	100.0	921
45-49	48.9	1,567	82.8	5.7	0.8	10.8	100.0	766
Total 15-49	46.4	7,915	82.2	5.3	0.5	12.0	100.0	3,670

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

Table 12.2.1 Control over women's cash earnings and relative magnitude of women's cash earnings

Percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how wife's cash earnings are used and by whether she earned more or less than her husband, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Person who decides how the wife's cash earnings are used: Mainly wife	Wife and husband jointly	Mainly husband	Other	Total	Wife's cash earnings compared with husband's cash earnings: More	Less	About the same	Husband has no earnings	Don't know	Total	Number of women
Age												
15-19	*	*	*	*	*	*	*	*	*	*	100.0	10
20-24	38.9	57.5	3.6	0.0	100.0	11.0	42.8	35.8	4.6	5.8	100.0	122
25-29	32.3	60.9	6.6	0.2	100.0	5.4	54.7	26.3	5.3	8.3	100.0	354
30-34	34.9	57.7	7.4	0.0	100.0	11.3	48.4	30.6	4.5	5.2	100.0	570
35-39	39.7	49.5	10.9	0.0	100.0	9.7	41.7	33.0	6.8	8.7	100.0	672
40-44	39.1	50.8	10.0	0.0	100.0	12.2	42.9	31.4	5.5	8.0	100.0	806
45-49	34.9	49.8	15.3	0.0	100.0	9.8	43.4	35.1	3.6	8.1	100.0	678
Number of living children												
0	36.1	56.8	7.1	0.0	100.0	13.9	44.7	29.5	7.8	4.1	100.0	241
1-2	35.9	54.0	10.1	0.0	100.0	9.9	44.6	31.5	5.5	8.5	100.0	2,113
3-4	39.6	49.1	11.2	0.0	100.0	9.9	46.8	33.3	3.2	6.7	100.0	801
5+	44.5	41.1	14.4	0.0	100.0	8.8	37.4	42.3	7.7	3.8	100.0	55
Residence												
Urban	39.8	52.5	7.6	0.0	100.0	10.7	44.3	31.2	5.4	8.3	100.0	1,774
Rural	33.5	53.1	13.4	0.0	100.0	9.7	46.0	32.9	4.7	6.7	100.0	1,436
Education												

No education	38.2	52.8	9.0	0.0	100.0	3.2	61.7	26.0	5.9	3.2	100.0	65
Some primary	31.4	43.8	24.7	0.0	100.0	6.1	55.0	26.1	0.7	12.2	100.0	129
Completed primary	39.9	45.0	15.1	0.0	100.0	9.3	45.8	32.8	4.2	7.8	100.0	766
Some secondary	38.3	57.0	4.7	0.0	100.0	10.3	48.1	25.9	6.3	9.4	100.0	672
Completed secondary	36.9	53.0	10.1	0.0	100.0	8.9	44.9	33.6	4.5	8.1	100.0	922
More than secondary	33.4	58.9	7.5	0.1	100.0	14.5	37.7	36.8	6.7	4.4	100.0	656
Wealth quintile												
Lowest	34.2	49.9	15.9	0.0	100.0	9.4	47.9	32.3	3.4	7.0	100.0	460
Second	40.9	49.5	9.7	0.0	100.0	10.9	44.8	29.4	3.7	11.2	100.0	528
Middle	38.3	53.7	7.8	0.1	100.0	9.3	46.5	30.5	5.3	8.4	100.0	626
Fourth	37.6	50.2	12.2	0.0	100.0	7.6	47.8	32.8	5.0	6.8	100.0	736
Highest	34.7	57.8	7.5	0.0	100.0	13.2	40.3	33.8	6.8	5.8	100.0	860
Total	37.0	52.8	10.2	0.0	100.0	10.2	45.1	32.0	5.1	7.6	100.0	3,210

Note: The term husband includes a partner with whom a woman is living as if married. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 12.2.2 Control over men's cash earnings

Percent distributions of currently married women age 15-49 whose husbands receive cash earnings, by person who decides how husband's cash earnings are used, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Person who decides how husband's cash earnings are used: Mainly wife	Wife and husband jointly	Mainly husband	Other	Total	Number of women
Age						
15-19	(31.5)	(54.8)	(13.6)	(0.1)	100.0	42
20-24	32.4	56.2	10.2	1.2	100.0	431
25-29	26.7	59.6	13.6	0.1	100.0	922
30-34	25.0	63.6	10.8	0.6	100.0	1,460
35-39	26.7	58.2	15.0	0.1	100.0	1,558
40-44	30.4	58.3	10.8	0.5	100.0	1,747
45-49	27.1	60.3	12.0	0.6	100.0	1,533
Number of living children						
0	25.4	61.8	11.9	1.0	100.0	561
1-2	27.5	59.2	12.9	0.4	100.0	5,136
3-4	28.9	60.5	10.3	0.3	100.0	1,853
5+	26.2	59.6	14.2	0.0	100.0	143
Residence						
Urban	27.8	61.6	10.4	0.2	100.0	4,224
Rural	27.5	57.4	14.5	0.7	100.0	3,470
Education						
No education	26.9	53.8	18.8	0.5	100.0	195
Some primary	30.5	50.6	18.6	0.3	100.0	327
Completed primary	30.6	56.1	12.8	0.4	100.0	2,105
Some secondary	30.3	58.0	11.2	0.5	100.0	1,821
Completed secondary	24.2	63.5	11.8	0.5	100.0	2,321
More than secondary	23.3	66.1	10.2	0.4	100.0	924
Wealth quintile						
Lowest	28.3	54.9	16.3	0.5	100.0	1,177
Second	24.5	61.1	14.0	0.4	100.0	1,472
Middle	29.2	60.6	9.7	0.5	100.0	1,597
Fourth	28.4	57.9	13.0	0.7	100.0	1,738

Highest	27.8	62.8	9.4	0.0	100.0	1,710
Total 15-49	27.6	59.7	12.2	0.4	100.0	7,693

Note: The term husband includes a partner with whom a woman is living as if married, and the term wife includes a partner with whom a man is living as if married.
Figures in parentheses are based on 25-49 unweighted cases.

Table 12.3 House and land ownership: Women

Percent distribution of women age 15-49 by house ownership status and land ownership status, according to current marital status, Indonesia DHS 2023-24

Ownership status	Marital status: Never married	Married/ Living together	Divorced /separated	Widowed	Total
HOUSE OWNERSHIP					
Alone	12.2	38.9	42.9	78.9	32.2
Jointly with husband only	na	31.3	0.0	0.0	21.2
Both alone and jointly	0.0	11.3	4.6	4.4	7.8
Does not own	87.8	18.5	52.5	16.7	38.7
Total	100.0	100.0	100.0	100.0	100.0
Number of women	3,283	7,915	294	204	11,695
LAND OWNERSHIP					
Alone	15.4	14.4	10.9	27.6	14.9
Jointly with husband only	na	12.2	0.0	0.0	8.3
Both alone and jointly	84.6	4.1	1.7	2.0	26.6
Does not own	0.0	69.2	87.3	70.4	50.3
Total	100.0	100.0	100.0	100.0	100.0
Number of women	3,283	7,915	294	204	11,695

Note: The term husband includes a partner with whom a woman is living as if married.

na= Not applicable.

Table 12.4 House ownership and documentation of ownership: Women

Percent distribution of women age 15-49 by ownership of a house; and among women who own a house, percent distribution by whether the house owned has a title deed and whether or not the woman's name appears on the title deed, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage who own a house: Alone	Jointly[2]	Both alone and jointly	Percentage who do not own a house	Total	Number of women	House has a title deed[1]: Woman's name is on title deed[1]	Woman's name is not on title deed[1]	Does not have a title deed[1]	Don't know[3]	Total	Number of women who own a house[4]
Age												
15-19	6.8	0.6	0.0	92.6	100.0	1,681	4.6	43.7	33.6	18.1	100.0	125
20-24	14.4	9.3	2.7	73.6	100.0	1,497	9.7	34.0	36.9	19.3	100.0	395
25-29	29.1	23.6	6.5	40.8	100.0	1,353	17.8	28.8	39.3	14.0	100.0	801
30-34	33.7	32.3	9.5	24.5	100.0	1,672	27.6	25.9	33.6	12.8	100.0	1,264
35-39	44.1	26.3	9.8	19.9	100.0	1,750	30.5	24.7	31.7	13.1	100.0	1,402
40-44	46.2	25.3	11.5	17.0	100.0	1,962	33.2	25.8	28.1	12.9	100.0	1,628
45-49	45.1	28.9	13.0	13.0	100.0	1,779	33.5	22.8	30.4	13.4	100.0	1,548
Residence												
Urban	32.6	18.8	7.9	40.8	100.0	6,704	30.7	26.2	30.5	12.6	100.0	3,972
Rural	31.7	24.5	7.7	36.1	100.0	4,991	25.2	25.9	34.1	14.8	100.0	3,192
Education												
No education	28.5	19.9	6.8	44.8	100.0	347	17.7	18.6	46.1	17.6	100.0	192
Some primary	42.8	30.1	6.1	20.9	100.0	398	22.3	23.1	40.8	13.8	100.0	314
Completed primary	45.5	27.4	7.3	19.8	100.0	2,436	27.7	24.0	29.6	18.7	100.0	1,953
Some secondary	30.0	18.9	7.8	43.3	100.0	3,034	25.7	29.3	32.9	12.0	100.0	1,721
Completed secondary	24.9	19.4	7.9	47.8	100.0	3,912	29.1	25.6	34.1	11.2	100.0	2,042
More than secondary	32.3	18.6	9.2	40.0	100.0	1,568	36.3	27.8	25.7	10.1	100.0	941
Wealth quintile												
Lowest	31.1	21.5	6.7	40.7	100.0	1,792	19.3	24.0	40.2	16.5	100.0	1,062
Second	30.5	18.5	6.7	44.3	100.0	2,254	20.2	26.7	34.3	18.8	100.0	1,254
Middle	31.8	23.1	7.0	38.0	100.0	2,371	25.8	24.6	34.7	14.9	100.0	1,470
Fourth	32.4	23.0	8.0	36.7	100.0	2,649	30.1	27.8	30.6	11.5	100.0	1,678
Highest	34.7	19.8	10.2	35.4	100.0	2,629	40.1	26.4	24.7	8.8	100.0	1,700
Total	32.2	21.2	7.8	38.7	100.0	11,695	28.3	26.0	32.1	13.6	100.0	7,163

[1] Title deed or other government recognized document.

[2] Jointly with a husband or partner.

[3] Includes women who have a house with a title deed or other government recognized document, but they do not know if their name is on it, and women who do not know if there is a title deed or other government recognized document for the house.
[4] Includes women who own a house alone, jointly with their husband or partner only, or both alone and jointly.

Table 12.5 Land ownership and documentation of ownership: Women

Percent distribution of women age 15-49 by ownership of land; and among women who own land, percent distribution by whether the land owned has a title deed and whether or not the woman's name appears on the title deed, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage who own land:			Percentage who do not own land	Total	Number of women	Land has a title deed[1]:				Total	Number of women who own land[4]
	Alone	Jointly[2]	Both alone and jointly				Woman's name is on title deed[1]	Woman's name is not on title deed[1]	Does not have a title deed[1]	Don't know[3]		
Age												
15-19	13.9	0.4	84.1	1.6	100.0	1,681	0.8	3.2	56.2	39.8	100.0	1,654
20-24	14.4	3.7	58.9	23.1	100.0	1,497	2.0	5.3	62.0	30.8	100.0	1,151
25-29	13.3	7.2	24.6	54.9	100.0	1,353	9.8	10.4	57.8	22.0	100.0	610
30-34	13.9	9.7	7.1	69.3	100.0	1,672	19.2	14.2	47.8	18.8	100.0	513
35-39	14.7	10.4	6.8	68.0	100.0	1,750	22.9	16.4	45.5	15.1	100.0	560
40-44	17.0	11.9	6.5	64.6	100.0	1,962	25.3	23.4	34.5	16.8	100.0	695
45-49	16.0	12.9	6.7	64.3	100.0	1,779	21.8	19.2	45.9	13.1	100.0	635
Residence												
Urban	10.8	5.2	27.7	56.2	100.0	6,704	9.0	8.2	54.3	28.5	100.0	2,934
Rural	20.2	12.4	25.2	42.2	100.0	4,991	13.0	13.4	49.7	24.0	100.0	2,884
Education												
No education	19.1	8.3	27.5	45.1	100.0	347	5.7	7.4	54.2	32.7	100.0	191
Some primary	16.4	14.4	10.5	58.8	100.0	398	18.2	8.9	58.5	14.5	100.0	164
Completed primary	20.3	11.1	7.4	61.2	100.0	2,436	22.6	16.9	38.4	22.1	100.0	945
Some secondary	13.4	8.5	33.1	45.0	100.0	3,034	8.2	11.0	51.5	29.3	100.0	1,668
Completed secondary	12.4	6.7	32.9	48.1	100.0	3,912	7.6	9.1	57.8	25.5	100.0	2,032
More than secondary	14.0	5.8	32.4	47.9	100.0	1,568	11.2	8.8	52.4	27.6	100.0	817

Wealth quintile												
Lowest	21.2	10.9	30.2	37.7	100.0	1,792	9.0	11.4	54.9	24.7	100.0	1,116
Second	16.2	8.8	24.7	50.3	100.0	2,254	10.1	12.7	51.0	26.2	100.0	1,120
Middle	12.4	8.9	25.2	53.5	100.0	2,371	13.3	8.6	49.7	28.5	100.0	1,103
Fourth	13.2	8.3	26.5	52.0	100.0	2,649	11.9	12.0	52.6	23.5	100.0	1,272
Highest	13.3	5.4	27.2	54.1	100.0	2,629	10.4	9.2	51.8	28.6	100.0	1,206
Total	14.9	8.3	26.6	50.3	100.0	11,695	10.9	10.8	52.0	26.3	100.0	5,818

[1] Title deed or other government recognized document.

[2] Jointly with a husband, or partner.

[3] Includes women who have land with a title deed or other government recognized document, but they do not know if their name is on it, and women who do not know if there is a title deed or other government recognized document for the land.

[4] Includes women who own land alone, jointly with their husband or partner only, or both alone and jointly.

Table 12.6 Ownership and use of mobile phones and bank accounts: Women

Percentage of women age 15-49 who own any mobile phone, percentage who own a smartphone, and percentage who used a mobile phone to make financial transactions in the last 12 months; percentage of women who have and use a bank account, percentage who have deposited or withdrawn money from their own bank account in the last 12 months, and percentage who have and use a bank account or used a mobile phone for financial transactions in the last 12 months, according to background characteristics, Indonesia DHS 2023-24

	Mobile phone ownership:			Bank account ownership and use:		Percentage who have and use a bank account or used a mobile phone for financial transactions in the last 12 months	
Background characteristic	Percentage who own any mobile phone	Percentage who own a smartphone	Percentage who used a mobile phone for financial transactions in the last 12 months[1]	Percentage who have and use a bank account	Percentage who deposited or withdrew money from their own account in the last 12 months		Number of women
Age							
15-19	94.8	94.3	35.8	23.2	20.4	40.8	1,681
20-24	96.0	95.2	56.5	52.8	48.5	64.2	1,497
25-29	95.9	93.7	54.7	58.5	52.2	66.8	1,353
30-34	95.5	91.7	46.7	53.4	48.8	60.3	1,672
35-39	89.6	84.7	46.4	52.3	48.4	60.0	1,750
40-44	82.6	74.6	37.4	50.4	46.1	56.7	1,962
45-49	73.5	63.4	29.8	44.2	37.8	47.8	1,779
Residence							
Urban	93.8	90.1	50.6	53.6	50.0	62.4	6,704
Rural	82.8	76.9	33.2	39.3	33.3	47.8	4,991
Education							
No education	71.7	66.3	25.1	25.6	19.2	32.2	347
Some primary	65.9	53.7	16.2	16.6	14.0	25.0	398
Completed primary	73.3	64.1	19.0	28.4	23.8	34.9	2,436
Some secondary	92.6	88.0	33.7	34.3	30.1	46.1	3,034
Completed secondary	96.1	93.3	54.3	58.3	52.9	68.0	3,912
More than secondary	99.4	99.2	82.1	88.6	84.8	92.5	1,568

Wealth quintile							
Lowest	72.1	63.9	19.5	22.0	18.2	30.1	1,792
Second	85.8	79.3	25.5	29.1	24.2	38.0	2,254
Middle	91.0	86.9	36.7	43.0	37.0	52.5	2,371
Fourth	94.1	90.0	50.3	56.1	50.3	65.6	2,649
Highest	96.8	95.3	73.1	76.1	73.6	83.4	2,629
Total	89.1	84.5	43.2	47.5	42.9	56.2	11,695

[1] Respondents were asked about use of a mobile phone for financial transactions whether or not they owned a mobile phone.

Table 12.7 Participation in decision-making

Percent distribution of currently married women age 15-49 by person who usually makes decisions about various issues, Indonesia DHS 2023-24

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Other	Total	Number
Own health care	28.2	60.6	11.0	0.3	100.0	7,915
Major household purchases	14.9	67.1	17.7	0.2	100.0	7,915
Visits to her family or relatives	9.8	76.7	13.3	0.2	100.0	7,915

Note: The term husband includes a partner with whom a woman is living as if married.

Table 12.8 Women's participation in decision-making according to background characteristics

Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, Indonesia DHS 2023-24

Background characteristic	Specific decisions: Woman's own health care	Making major household purchases	Visits to her family or relatives	All three decisions	None of the three decisions	Number of women
Age						
15-19	(89.5)	(80.9)	(89.0)	(74.5)	(5.1)	42
20-24	91.8	78.9	87.5	74.1	4.4	446
25-29	87.3	77.9	85.1	73.2	8.4	945
30-34	89.8	82.9	87.8	76.8	6.7	1,492
35-39	87.1	80.9	84.4	75.6	9.5	1,619
40-44	90.5	84.8	89.0	79.9	6.1	1,803
45-49	87.3	82.6	84.9	76.5	8.5	1,567
Employment (last 12 months)						
Not employed	88.7	82.8	86.5	77.2	7.4	4,245
Employed for cash	89.3	81.5	86.8	76.8	7.6	3,210
Employed not for cash	84.6	78.8	84.6	69.2	8.1	459
Number of living children						
0	87.9	79.6	86.2	75.2	8.4	590
1-2	88.6	82.2	86.5	76.6	7.5	5,290
3-4	89.3	82.5	86.4	77.0	7.3	1,887
5+	87.1	81.4	87.5	78.4	8.5	148
Residence						
Urban	90.7	86.4	88.7	80.3	5.5	4,348
Rural	86.3	76.8	83.8	72.1	10.1	3,567
Education						
No education	74.3	76.4	76.2	64.8	14.2	205
Some primary	81.2	67.0	72.0	58.9	14.4	330
Completed primary	87.7	80.0	85.8	75.0	8.7	2,154
Some secondary	91.3	82.0	88.4	77.2	5.5	1,866
Completed secondary	88.5	84.1	87.0	78.6	7.7	2,388
More than secondary	92.0	87.8	90.1	82.5	4.8	972
Wealth quintile						

Lowest	84.2	75.2	82.0	69.2	10.4	1,203
Second	87.0	79.7	85.2	74.6	8.5	1,507
Middle	89.8	85.2	87.1	78.9	6.3	1,641
Fourth	88.6	81.4	86.0	75.7	8.3	1,788
Highest	92.4	86.3	90.5	82.1	5.2	1,776
Total	88.7	82.0	86.5	76.6	7.5	7,915

Note: The term husband includes a partner with whom a woman is living as if married. Figures in parentheses are based on 25–49 unweighted cases.

Table 12.9 Attitude toward wife beating: Women

Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Indonesia DHS 2023-24

Background characteristic	Husband is justified in hitting or beating his wife if she: Goes out without telling him	Neglects the children	Argues with him	Refuses to have sexual intercourse with him	Burns the food	Percentage who agree with at least one specified reason	Number of women
Age							
15-19	3.0	6.8	1.7	1.5	0.5	9.3	1,681
20-24	4.1	9.9	2.1	2.2	1.5	11.7	1,497
25-29	5.6	12.3	3.0	3.8	1.6	15.6	1,353
30-34	3.6	9.7	3.5	3.2	1.3	12.6	1,672
35-39	4.2	9.7	3.5	3.3	1.4	13.6	1,750
40-44	5.3	10.9	2.5	2.8	1.5	13.3	1,962
45-49	4.0	8.4	2.7	2.7	0.9	11.1	1,779
Employment (last 12 months)							
Not employed	3.4	8.5	2.4	2.3	1.0	10.9	6,523
Employed for cash	4.8	10.3	2.7	3.2	1.1	13.2	4,566
Employed not for cash	9.1	16.4	7.1	4.2	4.3	22.1	606
Number of living children							
0	3.9	8.9	2.4	1.7	1.1	10.8	3,899
1-2	4.4	9.5	3.1	3.3	1.4	12.9	5,667
3-4	4.4	10.6	2.3	3.3	0.8	13.7	1,975
5+	4.7	16.8	2.4	2.0	4.3	17.7	154
Marital status							
Never married	3.0	7.6	2.3	1.6	1.0	9.5	3,283
Married or living together	4.7	10.4	2.9	3.2	1.3	13.7	7,915
Divorced/separated/ widowed	5.1	9.7	3.2	2.8	1.6	10.9	497
Residence							
Urban	2.5	6.1	2.2	1.9	0.9	8.6	6,704
Rural	6.6	14.3	3.4	3.9	1.7	17.4	4,991
Education							
No education	3.8	16.1	5.1	2.4	2.6	18.8	347
Some primary	5.9	17.5	4.8	7.5	3.3	21.6	398
Completed primary	4.6	9.1	2.6	2.6	1.4	12.5	2,436

Some secondary	4.8	10.0	2.5	2.7	0.9	12.9	3,034
Completed secondary	3.9	8.9	2.3	2.4	1.3	10.8	3,912
More than secondary	3.2	7.8	3.4	2.8	0.6	11.5	1,568
Wealth quintile							
Lowest	8.1	18.7	5.6	5.0	3.0	22.5	1,792
Second	5.1	9.4	2.5	2.6	1.2	11.6	2,254
Middle	3.9	8.6	2.9	2.7	1.2	12.5	2,371
Fourth	3.8	8.9	2.2	2.2	0.9	11.2	2,649
Highest	1.6	5.2	1.4	1.9	0.4	7.2	2,629
Total	4.2	9.6	2.7	2.8	1.2	12.4	11,695

Note: The term husband includes a partner with whom a woman is living as if married.

Table 12.10 Attitudes toward negotiating safer sexual relations with husband

Percentage of women and 15–49 who believe that a woman is justified in refusing to have sexual intercourse with her husband if she knows that he has sexual intercourse with other women, and percentage who believe that a woman is justified in asking that they use a condom if she knows that her husband has a sexually transmitted infection (STI), according to background characteristics, Indonesia DHS 2023–24

	Woman is justified in:		
Background characteristic	Refusing to have sexual intercourse with her husband if she knows he has sex with other women	Asking that they use a condom if she knows that her husband has an STI	Number of women
Age			
15–24	47.6	39.1	3,178
15–19	38.5	28.6	1,681
20–24	57.8	50.8	1,497
25–29	63.6	54.9	1,353
30–39	63.8	53.6	3,422
40–49	59.2	48.3	3,741
Marital status			
Never married	45.7	37.8	3,283
Ever had sex	34.4	28.0	56
Never had sex	45.9	38.0	3,227
Married/Living together	63.2	52.4	7,915
Divorced/Separated/Widowed	54.5	47.3	497
Residence			

Urban	61.9	52.2	6,704
Rural	52.5	42.7	4,991
Education			
No education	36.7	26.7	347
Some primary	49.0	34.9	398
Completed primary	53.6	42.6	2,436
Some secondary	54.9	44.8	3,034
Completed secondary	60.7	51.2	3,912
More than secondary	70.2	63.5	1,568
Wealth quintile			
Lowest	49.3	36.7	1,792
Second	52.8	41.6	2,254
Middle	56.7	48.2	2,371
Fourth	61.1	51.8	2,649
Highest	66.1	57.6	2,629
Total 15-49	57.9	48.1	11,695

Table 12.11 Ability to negotiate sexual relations with husband

Percentage of currently married women age 15-49 who can say no to their husband if they do not want to have sexual intercourse, and percentage who can ask their husband to use a condom if they wanted to, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage who can say no to their husband if they do not want to have sexual intercourse	Percentage who can ask their husband to use a condom if they wanted to	Number of women
Age			
15-24	55.8	47.3	488
15-19	(47.2)	(39.2)	42
20-24	56.7	48.1	446
25-29	51.4	49.1	945
30-39	50.2	44.1	3,111
40-49	46.9	39.5	3,370
Residence			
Urban	50.9	50.0	4,348
Rural	47.3	34.3	3,567
Education			
No education	40.8	33.6	205
Some primary	43.4	28.5	330
Completed primary	44.8	35.2	2,154
Some secondary	48.7	43.2	1,866
Completed secondary	51.4	47.1	2,388
More than secondary	58.9	56.4	972
Wealth quintile			
Lowest	46.3	31.1	1,203
Second	47.8	37.9	1,507
Middle	46.6	41.7	1,641
Fourth	48.2	44.6	1,788
Highest	56.3	54.7	1,776
Total	49.3	42.9	7,915

Note: The term husband includes a partner with whom a woman is living as if married. Figures in parentheses are based on 25-49 unweighted cases.

Table 12.12 Women's participation in decision-making regarding sexual and reproductive health

Percentage of currently married women age 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care, Indonesia DHS 2023-24

Background characteristic	Percentage who make decisions regarding sexual relations, contraceptive use, and reproductive care[1]	Number of currently married women
Age		
15-19	(33.6)	42
20-24	44.8	446
25-29	44.6	945
30-34	41.3	1,492
35-39	42.6	1,619
40-44	38.8	1,803
45-49	38.0	1,567
Employment (last 12 months)		
Not employed	41.2	4,245
Employed for cash	41.2	3,210
Employed not for cash	36.1	459
Residence		
Urban	43.5	4,348
Rural	37.7	3,567
Education		
No education	30.5	205
Some primary	31.8	330
Completed primary	35.1	2,154
Some secondary	42.4	1,866
Completed secondary	43.3	2,388

More than secondary	50.1	972
Wealth quintile		
Lowest	35.6	1,203
Second	39.5	1,507
Middle	38.9	1,641
Fourth	38.6	1,788
Highest	49.7	1,776
Total	40.9	7,915

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

[1] Percentages of currently married women who make decisions regarding sexual relations, contraceptive use, and health care are presented in Table 12.11, Table 7.17, and Table 12.8, respectively.

Table 12.13 Women's Empowerment

Percent distributions of currently married women age 15-49 according to the number of decisions in which they participate and by number of the reasons justifying wife-beating, Indonesia DHS 2023-24

	Total
Number of decisions in which women participate[1]	
0	7.5
1	4.3
2	11.6
3	76.6
Total	100.0
Number of reasons for which wife beating is justified[2]	
0	86.3
1	8.2
2	3.4
3	1.2
4	0.4
5	0.5
Total	100.0
Number of women	7,915

[1] See Table 12.8 for the list of decisions.
[2] See Table 12.9 for the list of reasons.

HOUSEHOLD WATER AND SANITATION 13

Key Findings

- ***Drinking water:*** 94% of households have access to an improved drinking water source — 94% in urban areas and 95% in rural areas.
- ***Sanitation:*** 94% of Indonesia population have a private toilet facility (with or without a septic tank) with a slight variation between urban (96%) and rural (92%) areas. Households with a private toilet increased from 68% in 2012 to 84% in 2023-24.
- ***Handwashing:*** 89% of the population have a basic handwashing facility, an improvement of 14 percentage points from 2012 (75%).
- ***Menstrual hygiene:*** Nearly all women (99%) use appropriate sanitary materials during menstruation. Disposable sanitary pads are the most common material used (89%).

The extent to which households have access to and use safe drinking water and sanitation facilities and engage in hygienic practices has profound implications for the health, safety, and overall well-being of the population. This chapter presents information on source of drinking water, type of sanitation facility, handwashing, and menstrual hygiene.

13.1 DRINKING WATER SOURCES, AVAILABILITY, AND TREATMENT

Improved sources of drinking water

Include piped water, public taps, standpipes, tube wells, boreholes, protected dug wells and springs, rainwater, and water delivered via a tanker truck or a cart with a small tank. Households that use bottled water for drinking are classified as using an improved source only if their water source for cooking and hand washing comes from an improved source.

Sample: Households and de jure population.

In Indonesia, 94% of households have access to improved drinking water sources. The percentage of households in urban and rural areas with access to improved sources is almost the same **(Table 13.1)**.

Among households that use an improved source of drinking water, the percentage of urban households using bottled and refilled water is twice that of rural areas (33% in urban, 16% in rural). The same pattern is observed in the population **(Table 13.1)**.

Most households in Indonesia (85%) have drinking water sources on the premises. However, a small proportion of households (2%) must travel more than 30 minutes to obtain drinking water (1% in urban areas and 3% in rural areas) **(Table 13.1)**.

Trends: In total, the proportion of households obtaining their drinking water from an improved source increased from 28% in the 1991 IDHS to 94% in the 2023-24 IDHS. In the 1991 IDHS, the percentage difference between those in urban and rural areas was huge (57% versus 17%). But there was almost no difference in the 2023-24 IDHS (94% versus 95%).

13.1.1 Drinking Water Service Ladder

Drinking water service ladder

Safely managed

Drinking water from an improved water source that is located on the premises, available when needed, and free from fecal and priority chemical contamination.

Basic

Drinking water from an improved source, provided either water is on the premises or round-trip collection time is 30 minutes or less.

Limited

Drinking water from an improved source, and round-trip collection time is more than 30 minutes.

Unimproved

Drinking water from an unprotected dug well or unprotected spring. Includes use of bottled/refilled water with unimproved source for cooking and handwashing.

Surface water

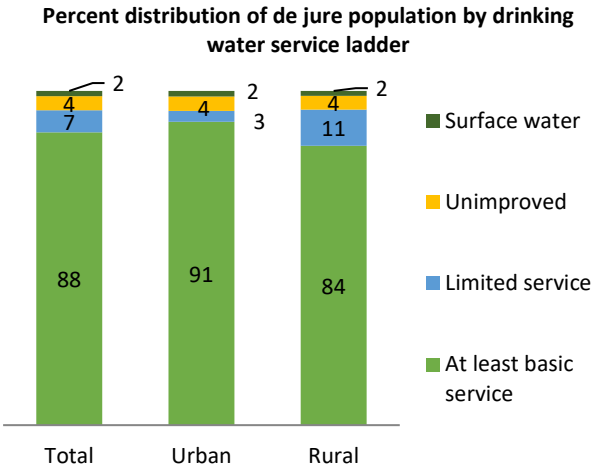
Drinking water directly from a river, dam, lake, pond, stream, canal, or irrigation canal.

Sample: De jure population.

Building off the classification of drinking water sources as improved or unimproved, the Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has devised a five-rung drinking water service ladder to benchmark and compare progress towards achieving Sustainable Development Goal (SDG) targets (WHO/UNICEF, 2018). The IDHS captured information on four out of the five rungs; because the survey did not include testing drinking water for fecal or chemical contamination, safely managed and basic drinking water services cannot be distinguished and are grouped together in **Table 13.2** as "at least basic service."

Most people (88%) obtain drinking water from at least basic services **(Figure 13.1)**.

Figure 13.1 Household population drinking water service by residence



Patterns by background characteristics

- The proportion of the population obtaining drinking water from at least basic services is higher in urban than in rural areas (91% versus 84%). On the other hand, the proportion of limited-service users in rural areas is greater than in urban areas (11% versus 3%) **(Table 13.2)**.

- The use of at least basic services is in line with the wealth level. The higher the wealth, the greater the percentage of use of at least basic services. On the contrary, the use of limited services and surface water decreases as wealth increases.

13.1.2 Availability of Drinking Water

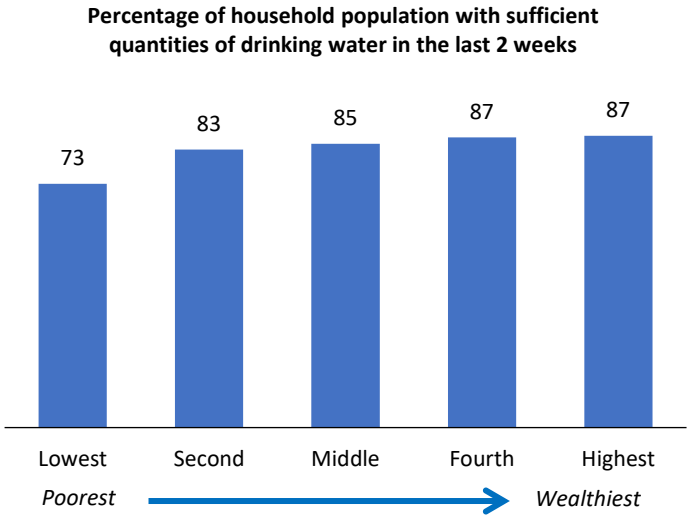
Availability of sufficient drinking water

Percentage of the population with sufficient quantities of drinking water in the last two weeks.

Sample: De jure population.

Most Indonesians (83%) reported having sufficient drinking water in the last two weeks prior to the survey, including 85 % in urban areas and 80 % in rural areas **(Table 13.3)**. The population in the higher wealth quintile is more likely to have sufficient drinking water than the population in the lower quintile. The difference in percentage point between the lowest and highest quintile is quite substantial, at 14% **(Figure 13.2)**. The population obtaining drinking water from surface sources has the lowest rate of sufficient drinking water availability, at 74%.

Figure 13.2 Availability of sufficient quantities of drinking water by wealth quintile



13.1.3 Treatment of Drinking Water

In general, 70% of the population uses an appropriate water treatment method for the water they drink. Urban populations are less likely than rural populations to treat their water appropriately (66% and 76%, respectively) because, as the previous subchapter observed, urban people prefer to use bottled or refilled water for drinks. Furthermore, wealthier individuals are less likely to treat their drinking water appropriately. Boiling water prior to drinking is the most common treatment method practiced by 70% of the population, followed by letting it stand and settle (4%) **(Table 13.4)**.

13.2 SANITATION

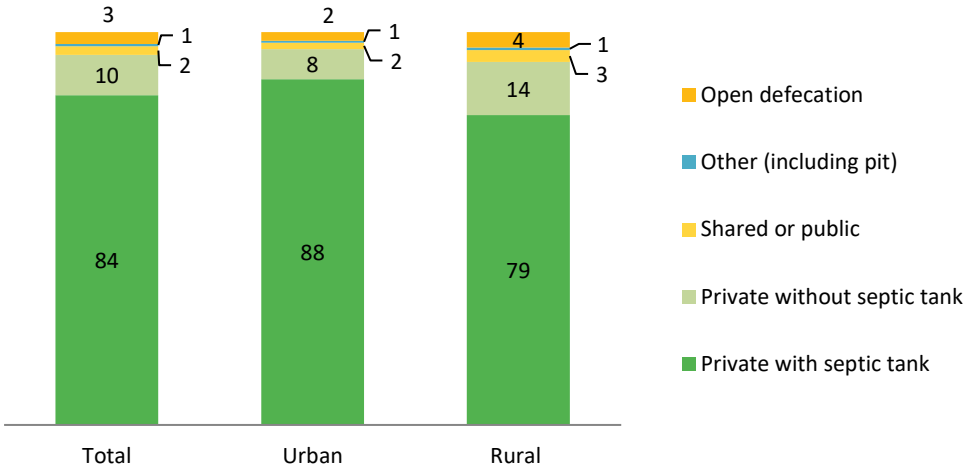
Improved sanitation facilities

Include toilets that are used by only one household with septic tank or non-septic tank.

Sample: Households and de jure population.

Ninety-four percent of the population have a private toilet facility, with or without septic tanks. Ownership of private toilets is slightly greater in urban areas (96%) than in rural areas (92%). About 9 in 10 urban populations (88%) and 8 in 10 rural populations (79%) have a private toilet facility with a septic tank **(Figure 13.3)**.

Figure 13.3 Population sanitation service by residence



Around 67% of households have toilets in their own houses, while 29% are in their yards/plots. The location of the septic tank from the well can affect the quality of healthy water. If it is too close, the water can be contaminated. Less than half of households (46%), that use well as their main source of drinking water, have a well that is 7 meters or more from the nearest septic tank. At the same time, 30% of households have a well in less than 7 meters from the nearest septic tank (27% in rural and 33% in urban) **(Table 13.5)**.

Trends: The percentage of households with a private toilet increased from 68% in the 2012 IDHS to 84% in the 2023-24 IDHS. The proportion of households using a well as their main source of drinking water with a well less than 7 meters from the nearest septic tank increased from 24% in the 2012 IDHS to 30% in the 2023-24 IDHS.

13.3 HANDWASHING

Handwashing facilities

Basic

Availability of a handwashing facility on the premises with soap and water.

Limited

Availability of a handwashing facility on the premises without soap and water.

Sample: De jure population for whom a place for handwashing was observed or with no place for handwashing in dwelling, yard, or plot; excludes the de jure population for whom permission to see the facility was not granted.

Handwashing is an important step in monitoring hygiene and preventing the spread of disease. Rather than asking direct questions on the practice of handwashing, which can be subject to overreporting, interviewers asked to see the place where members of the household most often washed their hands. A place for washing hands was observed for 89% of the de jure population **(Table 13.6)**. Of the handwashing places observed, 75% were in a fixed location and 14% were mobile.

According to the definitions of handwashing facilities developed by the JMP, 89% of the population had a basic handwashing facility and 6% had a limited handwashing facility.

Trends: The percentage of the population with a basic handwashing facility increased from 75% in the 2012 IDHS to 89% in the 2023-24 IDHS.

Patterns by background characteristics

- Basic handwashing facilities are more common in urban areas than rural areas (91% versus 85%) **(Table 13.6)**.
- Among the population living in households where handwashing facilities were observed, 98% had water available and 95% had soap available.

13.4 MENSTRUAL HYGIENE

Appropriate menstrual hygiene materials

Reusable sanitary pads, disposable sanitary pads, tampons, menstrual cup, cloth, and/or toilet paper.

Sample: Women age 15–49 with a menstrual period in the last year.

Use of appropriate menstrual hygiene materials

Percentage of women who used appropriate materials during their last menstruation.

Sample: Women age 15–49 with a menstrual period in the last year.

Appropriate menstrual hygiene prevents women from infections and reproductive health problems. In Indonesia, almost all women aged 15-49 (99%) use appropriate materials during their last menstruation **(Table 13.7)**. Access to proper menstrual materials is universal. There are no differences in age category, education level, location of residence, or level of wealth. Disposable sanitary pads are the most common material used by women aged 15-49 (89%) to collect or absorb blood, followed by reusable pads in second place (13%). During menstruation, women need to manage their hygiene by changing sanitary pads every few hours a day. Seventy-eight percent of women change their pads or clothes less than 4 times a day, 21% change 4 to 6 times a day, while only 1% change more than 6 times a day.

Patterns by background characteristics

- The percentage of women aged 15-49 in urban areas using disposable sanitary pads is slightly higher than in rural areas (91% versus 86%).
- The use of disposable sanitary pads among women who received formal education shows a directly proportional relationship. As many as 73% of women who received some primary education used disposable pads. Then, it increased as the level of education obtained increased until it reached 92% in the more than secondary category.
- As wealth increases, disposable sanitary pads use increases. On the contrary, the use of reusable sanitary pads is inversely related to wealth level.

List of Tables

For more information on water and sanitation characteristics, see the following tables:

Table 13.1 Household drinking water

Percent distribution of households and de jure population by source of drinking water and by time to obtain drinking water, according to residence, Indonesia DHS 2023-24

Characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
Improved source	94.2	94.6	94.4	94.0	94.3	94.1
Piped into dwelling/yard/plot	18.0	12.5	15.5	17.7	12.8	15.5
Piped to neighbor	0.2	0.3	0.3	0.2	0.3	0.3
Public tap/standpipe	1.7	1.7	1.7	1.6	1.7	1.7
Tube well or borehole	25.7	26.1	25.9	24.7	24.1	24.5
Protected dug well	10.9	17.7	13.9	10.9	17.3	13.7
Protected spring	3.2	14.8	8.4	3.0	15.3	8.5
Rain water	0.8	4.0	2.2	0.8	4.2	2.4
Tanker truck/cart with small tank	0.6	1.9	1.2	0.6	2.1	1.3
Bottled and refilled water, improved source for cooking/ handwashing[1]	33.2	15.7	25.3	34.2	16.5	26.3
Unimproved source	4.1	3.9	4.0	4.3	4.1	4.2
Unprotected dug well	0.5	1.0	0.7	0.4	1.1	0.7
Unprotected spring	0.4	0.7	0.6	0.5	0.8	0.7
Bottled and refilled water, unimproved source for cooking/ handwashing[1]	2.4	2.0	2.2	2.7	2.1	2.4
Other	0.8	0.1	0.5	0.7	0.1	0.4
Surface water	1.7	1.5	1.6	1.7	1.5	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Time to obtain drinking water (round trip)						
Water on premises[2]	90.1	78.9	85.1	90.2	78.1	84.8
30 minutes or less	5.9	9.3	7.5	5.6	9.7	7.4
More than 30 minutes	1.4	3.0	2.1	1.5	3.2	2.3
Don't know	2.6	8.7	5.4	2.7	9.0	5.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population	7,269	5,987	13,256	25,149	20,249	45,398

[1] Households using bottled and refilled water for drinking are classified as using an improved or unimproved source according to their water source for cooking and handwashing.
[2] Includes water piped to a neighbor and those reporting a round trip collection time of zero minutes.

Table 13.2 Drinking water service ladder

Percent distribution of de jure population by drinking water service ladder, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	At least basic service[1]	Limited service[2]	Unim-proved[3]	Surface water	Total	Number of persons
Residence						
Urban	90.7	3.2	4.3	1.7	100.0	25,149
Rural	83.5	10.8	4.1	1.5	100.0	20,249
Wealth quintile						
Lowest	80.3	12.2	4.7	2.8	100.0	9,080
Second	86.5	9.2	2.5	1.8	100.0	9,079
Middle	87.9	5.8	4.6	1.7	100.0	9,087
Fourth	90.7	4.3	4.0	1.1	100.0	9,072
Highest	92.2	1.5	5.4	0.8	100.0	9,080
Total	87.5	6.6	4.2	1.6	100.0	45,398

Note: Service ladder concept/definitions based on the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation, and Hygiene (JMP).
[1] Defined as drinking water from an improved source, provided either water is on the premises or round-trip collection time is 30 minutes or less. Includes safely managed drinking water, which is not shown separately.
[2] Drinking water from an improved source, provided round-trip collection time is more than 30 minutes or is unknown.
[3] Drinking water from an unprotected dug well or unprotected spring.

Table 13.3 Availability of sufficient drinking water

Percentage of de jure population with sufficient quantities of drinking water when needed, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage with drinking water available in sufficient quantities[1]	Number of persons
Residence		
Urban	85.0	25,149
Rural	80.2	20,249
Source of drinking water		
Improved	83.1	42,727
Unimproved	80.6	1,929
Surface	73.9	742
Time to obtain drinking water (round trip)		
Water on premises[2]	83.5	38,496
30 minutes or less	74.0	3,375

More than 30 minutes	82.5	1,025
Don't know	84.8	2,502
Wealth quintile		
Lowest	72.8	9,080
Second	83.0	9,079
Middle	84.7	9,087
Fourth	86.6	9,072
Highest	87.1	9,080
Total	82.8	45,398

[1] Defined as having sufficient quantities of drinking water in the last 2 weeks.

[2] Includes water piped to a neighbor and those reporting a round trip collection time of zero minutes.

Table 13.4 Treatment of household drinking water

Percentage of de jure population using various methods to treat drinking water, and percentage using an appropriate treatment method, according to residence, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Boil	Bleach/ chlorine added	Strain through cloth	Ceramic, sand or other filter	Let it stand and settle	Other[1]	Don't know	No treatment	Percentage using an appropriate treatment method[2]	Number of persons
Residence										
Urban	65.3	0.8	2.2	0.7	3.0	0.3	0.4	33.5	65.6	25,149
Rural	76.3	0.9	2.5	0.5	4.1	0.0	0.7	22.8	76.4	20,249
Source of drinking water										
Improved	70.9	0.7	2.3	0.6	3.4	0.2	0.5	28.1	71.1	42,727
Unimproved	49.4	1.0	4.1	0.3	1.0	0.3	0.9	48.8	50.0	1,929
Surface	85.8	11.3	2.4	1.1	19.6	0.0	0.0	12.9	86.3	742
Wealth quintile										
Lowest	79.5	1.2	4.5	0.8	4.6	0.1	0.8	19.1	79.7	9,080
Second	75.8	1.4	1.4	0.4	4.4	0.1	0.4	23.4	76.0	9,079
Middle	72.2	0.9	1.8	0.5	3.4	0.1	0.4	27.0	72.5	9,087
Fourth	65.5	0.3	2.1	0.7	3.3	0.2	0.5	33.6	65.6	9,072
Highest	58.0	0.5	1.9	0.6	2.0	0.4	0.6	40.6	58.4	9,080
Total	70.2	0.8	2.3	0.6	3.5	0.2	0.5	28.7	70.4	45,398

Note: Respondents may report multiple treatment methods so the sum of treatment may exceed 100%.

[1] Other includes 1 case using solar disinfection.

[2] Appropriate water treatment methods are boiling, bleaching, filtering and solar disinfecting.

Table 13.5 Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities, percent distribution of households and de jure population with a toilet/latrine facility by location of the facility, percent distribution of households and de jure population using well as main source of drinking water with distance to the nearest septic tank, according to residence, Indonesia DHS 2023-24

Type and location of toilet/latrine facility	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Private						
With septic tank	88.2	78.6	83.8	87.9	78.9	83.9
With no septic tank	7.5	14.4	10.6	7.7	13.5	10.3
Shared/ Public	1.7	2.9	2.3	1.6	3.0	2.2
Other types						
Pit	0.4	0.5	0.4	0.4	0.6	0.5
River/ Stream/ Creek	2.0	2.9	2.4	2.1	3.4	2.7
Yard/bush/forest	0.1	0.6	0.3	0.1	0.5	0.3
Other	0.1	0.1	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population	7,269	5,987	13,256	25,149	20,249	45,398
Location of toilet facility						
In own dwelling	69.0	63.3	66.5	68.3	65.2	66.9
In own yard/plot	27.4	31.1	29.1	28.0	29.5	28.7
Elsewhere	3.4	5.3	4.2	3.5	5.0	4.2
Missing	0.2	0.2	0.2	0.2	0.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population with a toilet/latrine facility	7,080	5,741	12,821	24,471	19,309	43,780
Distance between the well and the nearest septic tank						
Less than 7 meters	32.7	26.8	29.8	32.1	25.3	28.8
7 meters or more	49.2	42.8	46.0	49.7	44.3	47.1
Don't know/missing	18.1	30.3	24.2	18.2	30.4	24.1

Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population using well as the main source of drinking water	2,695	2,680	5,375	9,067	8,589	17,656

Table 13.6 Handwashing

Percentage of the de jure population for whom the place most often used for washing hands was observed, by whether the location was fixed or mobile, and total percentage of the de jure population for whom the place for handwashing was observed; and among the de jure population for whom the place for handwashing was observed, percentage with water available, percentage with soap available, and percentage with a cleansing agent other than soap available; percentage of the de jure population with a basic handwashing facility and percentage with a limited handwashing facility, according to background characteristics, Indonesia DHS 2023-24

	Percentage of de jure population for whom place for washing hands was observed and:			Place for handwashing observed and:							Number of persons for whom a place for hand-washing was observed or with no place for hand-washing in the dwelling, yard, or plot
Background characteristic	Place for hand-washing was a fixed place	Place for hand-washing was mobile	Total	Number of persons	Water available	Soap available[1]	Cleansing agent other than soap available[2]	Number of persons for whom place for hand-washing was observed	Percent-age of the de jure popula-tion with a basic hand-washing facility[3]	Percent-age of the de jure popula-tion with a limited hand-washing facility[4]	
Residence											
Urban	80.9	11.7	92.6	25,149	98.4	95.1	0.2	23,285	91.2	5.3	24,125
Rural	67.6	17.8	85.4	20,249	97.2	94.4	0.1	17,296	85.2	7.1	18,752
Wealth quintile											
Lowest	61.3	21.6	82.9	9,080	95.1	91.9	0.0	7,525	80.2	9.5	8,393
Second	69.0	18.6	87.6	9,079	97.0	93.7	0.2	7,952	85.8	7.4	8,534

Middle	78.1	12.8	90.8	9,087	98.4	96.1	0.3	8,253	91.5	4.6	8,591
Fourth	79.9	11.5	91.3	9,072	98.4	94.7	0.1	8,286	90.3	6.1	8,593
Highest	86.4	7.9	94.3	9,080	99.9	97.0	0.1	8,564	94.7	3.0	8,766
Total	74.9	14.4	89.4	45,398	97.8	94.8	0.2	40,581	88.6	6.1	42,877

[1] Soap includes soap or detergent in bar, liquid, powder, or paste form.

[2] Cleansing agents other than soap include locally available materials such as ash, mud, or sand.

[3] The availability of a handwashing facility on premises with soap and water.

[4] The availability of a handwashing facility on premises without soap and/or water.

Table 13.7 Menstrual hygiene

Among women age 15-49 whose most recent menstrual period was in the last year, percentage who used specified materials to collect or absorb blood from the most recent menstrual period; and among women age 15-49 whose most recent menstrual period was in the last year, percentage who used appropriate materials during their last menstruation and number of times they changed the materials, according to background characteristics, Indonesia DHS 2023-24

	Among women whose most recent menstrual period was in the last year, percentage who used the specified materials to collect or absorb blood from most recent menstrual period							Among women whose most recent menstrual period was in the last year and who used specific materials to collect or absorb blood				
Background characteristic	Reusable sanitary pads	Disposable sanitary pads	Cloth	Underwear only	Other[1]	Nothing	Number of women	Percentage who used appropriate materials during last menstruation[2]	Percentage who change pad or cloth less than 4 times in a day	Percentage who change pad or cloth 4 to 6 times in a day	Percentage who change pad or cloth more than 6 times in a day	Number of women
15-19	13.4	90.3	0.5	0.1	0.1	0.3	1,651	99.9	72.4	26.2	1.4	1,647
20-24	12.0	90.5	0.7	0.1	0.2	0.4	1,433	99.9	71.6	26.6	1.8	1,428
25-29	11.9	88.9	1.5	0.6	0.3	0.5	1,254	99.5	76.5	22.2	1.2	1,248
30-34	14.0	87.8	1.3	0.5	0.3	0.6	1,531	99.5	77.2	22.1	0.6	1,522
35-39	12.2	89.6	1.4	0.4	0.2	0.6	1,562	99.5	78.7	21.1	0.2	1,553
40-44	11.8	88.8	1.9	1.5	0.5	0.5	1,745	98.5	84.1	14.9	1.0	1,736
45-49	12.8	87.5	2.6	1.4	0.1	0.4	1,411	99.0	86.8	12.6	0.6	1,406

Residence												
Urban	10.1	91.2	1.0	0.3	0.3	0.3	6,224	99.6	74.8	24.3	0.8	6,206
Rural	16.2	86.0	2.0	1.1	0.1	0.7	4,363	98.9	83.2	15.6	1.2	4,334
Education												
No education	17.3	78.3	3.8	1.1	0.2	2.8	305	98.7	76.8	22.3	0.9	297
Some primary	26.2	73.1	3.7	1.4	0.6	1.0	342	98.4	88.4	11.0	0.6	339
Completed primary	13.3	87.1	2.0	2.0	0.0	0.7	1,994	98.4	89.4	10.3	0.3	1,981
Some secondary	12.7	89.8	1.0	0.2	0.3	0.3	2,768	99.7	81.1	18.2	0.7	2,761
Completed secondary	11.3	90.7	1.1	0.4	0.2	0.3	3,669	99.5	74.9	23.7	1.4	3,657
More than secondary	10.7	92.0	1.1	0.1	0.4	0.2	1,508	99.8	64.6	34.1	1.3	1,506
Wealth quintile												
Lowest	16.3	82.9	3.1	1.8	0.2	1.2	1,594	98.3	84.4	14.8	0.7	1,575
Second	15.8	85.8	1.4	0.6	0.2	0.8	1,988	99.5	81.0	18.7	0.3	1,972
Middle	11.5	89.8	1.6	0.5	0.2	0.1	2,107	99.4	81.0	18.2	0.8	2,105
Fourth	11.0	91.3	0.7	0.2	0.2	0.2	2,420	99.7	77.6	21.2	1.2	2,414
Highest	10.1	92.9	0.8	0.6	0.4	0.1	2,477	99.5	70.5	28.0	1.5	2,474
Total	12.6	89.1	1.4	0.7	0.2	0.4	10,587	99.4	78.3	20.8	1.0	10,540

[1] Other includes tampons, menstrual cup, and/or toilet paper.

[2] Reusable sanitary pads, disposable sanitary pads, tampons, menstrual cup, cloth and/or toilet paper.

YOUNG WOMEN REPRODUCTIVE HEALTH 14

Key Findings

- ***Type of mass media:*** For exposure to internet, majority of never married women (91%) always accessed internet about reproductive health in the in the last 12 months.
- ***Knowledge on puberty:*** Growth of breasts and menstruation are the physical changes in adolescent women at puberty most often mentioned by female respondents.
- ***Knowledge on reproductive health issues:*** More than half of women were taught about reproductive health narcotics, drugs and HIV/AIDS topic in school.
- ***Attitude toward family planning services:*** Most of never married women think that information and counseling about family planning services should be provided.
- ***Ideal age at marriage:*** The median ideal age at first marriage for women, according to women, is 24.3 years. The median ideal age at first marriage for men, according to women, is 25.5 years.
- ***Ideal age at first births:*** The median ideal age for women at first birth, according to women, is 24.6 years, and the median ideal age at first birth for men, according to women, is 26.1 years.
- ***Dating Experience: 31%*** never-married women 15-24 age have dating experience with holding hands and 12% women with embraced experience.
- ***Attitude toward premarital sexual behaviour:*** 7% never-married women 15-24 age approve someone having sexual intercourse before marriage because they plan to get married.

This chapter provides information on the demographic and socioeconomic characteristics of never married women aged 15-24, which is the Young Women Reproductive Health (YWRH) component of the 2023-24 IDHS. The information on background characteristics includes age, place of residence, educational attainment, relationship to the head of household, current activity, reason for not attending school, and wealth status. Of 11,859 eligible women, 2,678 are never-married women age 15-24.

Indonesia's national guidelines on adolescent women's health care are aligned with broader government initiatives aimed at improving public health, particularly reproductive health. These guidelines typically emphasize integrated and comprehensive services, focusing on education, prevention, and access to health care for adolescent girls. These guidelines are based on Indonesia SDGs 2023-2030 and 2020-2024 National Medium Term Development Plan - RPJMN (Ministry of National Development Planning, 2023). The policies focus on three issues related to reproductive health, nutrition and growth, strategic use of health services as stated below:

1. Focus on Reproductive Health

- Sexual and reproductive health education: Comprehensive sexuality education integrated into school curricula and extracurricular activities to reduce knowledge gaps.
- Access to contraception and family planning services: Providing information and access to contraceptive methods for sexually active adolescent while respecting cultural sensitivities.
- Prevention of early pregnancy and marriage: Programs aimed at reducing early and forced marriages, which contribute to adolescent health challenges.

2. Focus on Nutrition and Growth

- **Combating Anemia**: Guidelines emphasize the prevention and treatment of iron deficiency anemia, which is highly prevalent among adolescent girls. This includes iron supplementation programs and promoting healthy diets.
- **Stunting Reduction**: Part of Indonesia's National Medium-Term Development Plan (RPJMN) is reducing stunting, which includes interventions targeting adolescent girls to ensure optimal nutrition before and during pregnancies.

3. Focus on Strategic Use of Health Services

- **Adolescent-Friendly Health Services (PKPR)**: Expanding health service points that are welcoming and accessible to adolescents, particularly young women.
- **Integration with School Health Units (UKS)**: Strengthening school-based health services to ensure easier access to preventive and curative care.

14.1 Education and Exposure to Mass Media

14.1.1 Education Attainment

Education attainment

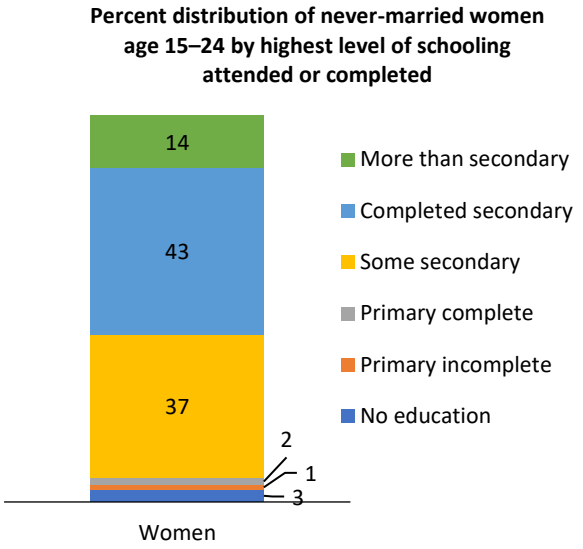
Education is the main factor that influences an individual in terms of knowledge, attitudes, and behavior. Literate persons are more likely to have access to information that can impact their lives.

Sample: Women age 15-24.

Education is the main factor that influences an individual in terms of knowledge, attitudes, and behavior. Literate persons are more likely to have access to information that can impact their lives. Therefore, education is the main determinant of lifestyle and status in society. Most never-married women age 15-24 have attended education level with some secondary and complete secondary in Indonesia (37% and 43% respectively) **(Table 14.1)**.

Trends: In the last decades education attainment has a fluctuating percentage, in the 2012 IDHS, 43% of never married women age 15-24 have completed secondary education. This proportion increased to 47% in the 2017 IDHS then decrease again to 43% in the 2023-24 IDHS. In the same period, the percentage of never married women aged 15-24 who have less than primary education has increased. It was 3% in the 2012 IDHS and less than 1% in the 2017 IDHS then increased again to 3% in the 2023-24 IDHS.

Figure 14.1 Education of young women respondents



Patterns by background characteristics

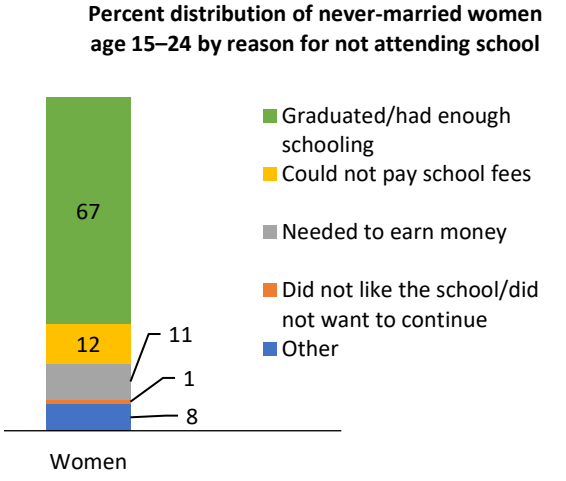
- At ages 15-19, most women are still in the process of schooling, with 57 percent having some secondary education and 32 percent having completed secondary education. By ages 20–24, the pattern shifts, as 61 percent have completed secondary education and 26 percent have more than secondary level.
- Almost all never-married women aged 15-24 live in urban areas have attended formal education compered to never-married women in rural areas.
- The percentage of never married women aged 15-24 with more than secondary education or higher increases as wealth quintile increases (6% to 28% respectively).

14.1.2 Reason for not Attending School

Sixty-seven percent of never married women aged 15-24 said that they were not attending school because they were already graduated/had enough schooling. Few never married women aged 15-24 said that they stopped attending school because their family needed help on farm or business and they didn't like school/didn't want to continue school (1%, each) **(Table 14.2)**.

Trends: The reason cited by never married women aged 15-24 for stopping school— because they could not pay school fees— declined from 37% in the 2012 IDHS to 34% in the 2017 IDHS then drop to 12% in 2023-24 IDHS.

Figure 14.2 Reason for not attending school



Patterns by background characteristics

- The percentage of never-married women aged 15-24 in urban areas not attending school because needed to earn money is higher than women in rural areas, 12 % and 9% respectively.

- The percentage of never married women aged 15-24 not attending school due to lack of school fees decreases as wealth quintile increases.

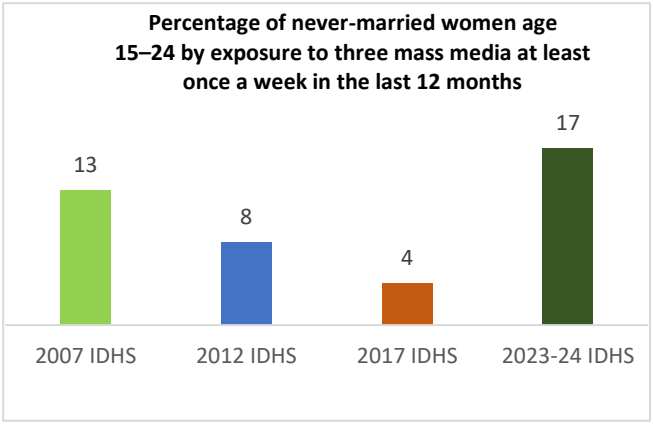
14.1.3 Exposure to Mass Media and Messages

Mass media, especially television, plays an important role in the lives of children and adolescents (Strasburger *et al*., 2013). Mass media such as print, radio, and television are still considered effective channels for disseminating information and providing education related to government programs. In the past few years, information has become increasingly accessible with the development of digital media such as the internet, instant messaging services, and social media. Digital media also offers a more interactive communication pattern than conventional media, and in the past decade the use of digital media has become part of our lifestyle (Guse *et. al*., 2012; Levine, 2011; Westerman and Spence, 2014).

Television is more popular media to the never married women aged 15-24 than newspaper, magazines and radio. Eighty two percent of never-married women aged 15-24 watch television at least once a week compared to 34%who read newspapers or magazines or 20% who listen to radio. For exposure to internet, majority of never married women aged 15-24 (91%) always accessed internet in the in the last 12 months **(Table 14.3)**.

Trends: The percentage of never married women aged 15-24 exposed to the three types of mass media – television, radio, and newspapers and magazines from 2007 to 2017 decreased then it increased in 2023-24 **(Figure 14.3)**.

Figure 14.3 Trends in exposure to mass



Patterns by background characteristics

- The percentage of never married women who were exposed to newspapers/magazines, listen to radio, and internet, both in the last 12 months and 1 month, was slightly higher for 20-24 age group (34%, 21%, 92% and 92%, respectively) than 15-19 age group (34%, 19%, 89% and 89% respectively).

- The percentage of never-married woman aged 15-24 accessed internet in the last 12 months (94%) is higher in urban areas than in rural areas (85%).

- The percentage of women who accessed the internet, both in the last 12 months and 1 month increases with the increases in the level of education (from some primary to more than secondary level, 69% increase to 97%) and wealth quintile (from lowest to highest wealth level, 77% increase to 98%) **(Table 14.3)**.

In the 6 months prior to the interview, most of never-married women aged 15-24 read about drugs from newspaper/magazine (57%). The percentage of never married women aged 15-24 who read information about alcoholism, HIV/AIDS, postponement of age at marriage, sexually transmitted infections, prevent pregnancy of family planning and condom/condom advertisement (44%, 42%, 23%, 22%, 19% and 15%

respectively) was lower than the percentage of never married women aged 15-24 who read about drugs from newspaper/magazines **(Table 14.4)**.

14.2 Knowledge About Human Reproduction and Puberty

This section discusses knowledge of human reproduction and experience of puberty among never-married women age 15-24. Topics include knowledge of physical changes at puberty, sources of knowledge about physical changes at puberty, age at first menstruation, and premarital health examination. This section also discusses the role of community, school, family, and mass media as sources of knowledge on human reproduction health, sexuality, and sexually transmitted infections (STIs), including human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS).

14.2.1 Knowledge of Never-Married Women on Puberty

Physical changes at puberty

The transition period from childhood to adulthood is characterized by the appearance of secondary sex characteristics and reproductive ability marked by hormonal, physical, psychological, and social changes.

Sample: Never-married women age 15-24

Growth of breasts and menstruation are the physical changes in adolescent women at puberty most often mentioned by never married women respondents aged 15-24 (82% and 75% respectively). Voice change, growth of facial hair, pubic hair, underarm hair, and wet dreams are the physical changes in adolescent men at puberty most often mentioned by never-married respondent aged 15-24 (76%, 54% and 54% respectively). Mentioned less frequently for women and men puberty changes is the increase in sexual desire at puberty **(Table 14.5)**.

Trends: The proportion of never-married women aged 15-24 who knows that growth of breasts is one of women's physical changes at puberty has increased from 72% in the 2012 IDHS to 82% in the 2023-24 IDHS.

Patterns by background characteristics

- The percentage of never-married women age 20-24 who know about physical changes in adolescent women at puberty are growth of pubic and underarm hair is higher than never married women age 15-19 (59% to 56%, respectively).
- The percentage of never-married women age 15-19 know about physical changes in adolescent women at puberty is first menstruation (76%) is higher than women age 20-24 (74%).
- Change in voice is the most know puberty changes among never married women age 15-19 and 20-24 (77% and 75%, respectively).

14.2.2 Source of Knowledge on Puberty

Sources of information on physical changes at puberty that are most often mentioned by never married women aged 15-24 are teachers (90%), mother (86%), and friends (36%). Less than 1% of never married women gained the knowledge from the radio **(Table 14.6)**.

Trends: The percentage of never married women aged 15-24 who received information about physical changes at puberty from their teacher increases with each survey, from 61% (2012 IDHS 2012) to 90%

(2023-24 IDHS). The utilization of the internet as a source of information on physical changes at puberty rose quite high, from 5% for women in the 2012 IDHS to 31% for women in the 2023-24 IDHS.

Patterns by background characteristics

- The percentage of never married women aged 15-24 that know of physical changes puberty from mother and friends is higher in the 20-24 age groups than the 15-19 age groups (88% and 38%, respectively).
- Most of never married women aged 15-19 that know of physical changes puberty from teachers is slightly higher than 20-24 age groups, 90% and 89% respectively **(Table 14.6)**.
- Mentioned less from both age groups about know physical changes puberty from radio.

14.2.3 Menstruation

Before menstruation, most never married women aged 15-24 discussed it with their mothers (82%) and 48% with their friends. The same pattern happened when the women had their first menstruation with most of them still discuss it with their mothers (87%) and with their friends (31%) **(Table 14.7)**.

14.2.4 Knowledge on Risk of Pregnancy

Having knowledge about the risks of pregnancy is crucial for young women due to the physical, emotional, and social impacts it can have on their lives. The effect can have an impact on health risk, psychological and emotional.

Thirty percent never married women aged 15-24 believe that a women can become pregnant with one instance of sexual intercourse **(Table 14.8)**. More than half of never married women aged 15-49 think ways to avoid risk of pregnancy is abstain from sex and use contraception, 58% and 31% respectively. One of third never married women aged 15-24 do not know how to avoid pregnancy.

Patterns by background characteristics

- Most never-married women age 20-24 know ways to avoid pregnancy were abstain from sex and use contraception (63% and 42%, respectively) than 15-19 age group (55% and 25%, respectively).
- Thirty four percent never married women aged 15-24 in urban areas believe using contraception is a way to avoid pregnancy, it's higher than women in rural areas (26%). The percentage of never married women age 15-24 with more than secondary education level think that abstain from sex and use contraception is a way to avoid pregnancy (67% and 47% respectively). It is higher than the percentage for never married women with no education level (53% and 15%, respectively).
- For percentage of never married women age 15-24 who think that use contraception to avoid pregnancy increases as wealth quintile increases (from lowest to highest wealth level, 21% increases to 40%) **(Table 14.8)**.

14.2.5 Premarital Health Examination

A premarital health examination is indispensable for early detection of reproductive health-related risks, one of which is the prevention of sexually transmitted infections. Types of health examinations include physical examination, blood, urine, and others.

Seventy six percent never-married women age 15-24 thinks health examination is required before getting married. Most type of health examination mentioned by never married women age 15-24 is physical examination (83%) **(Table 14.12)**.

Patterns by background characteristics

- Eighty-one percent of never-married women age 20-24 think health examination is required before getting married, more than 15-19 age group (72%).
- Most never-married women mentioned in urban areas think that health examination is required before getting married (80%). Women who live rural area more likely do not know what type of health examination before married (14%), twice than women who live in urban areas (7%).
- Percentage never-married women who think health examination is need before married increase as wealth quintile increase (from lowest to highest wealth quintile level, 64% increase to 84%).

14.3 Discussion on Reproductive Health

Reproductive health

A state of complete physical, mental, and social well-being in all matters relating to the reproductive system and its functions and processes.

Discussion on reproductive health

With whom and where women and men discuss anything relating to reproductive health including family planning, HIV/AIDS, and sexually transmitted infections (STIs).

Sample: Never-married women age 15-24.

Also presented in the adolescent reproductive health component of the 2023-24 IDHS is discussion on issues related to reproductive health carried out by women. This includes sources of information accessed by adolescents, sources of reproductive health information preferred by adolescents, and knowledge of adolescent reproductive health centers, as well as where an adolescent obtained information about reproductive health for the first time, including the knowledge of family planning, HIV/AIDS, and STIs.

14.3.1 Discussion on reproductive health

Percentage of never-married women age 15-24 with whom they prefer to discuss about reproductive health is their mothers (63%), their friends (32%) and their teachers (22%). Never-married women age 15-24 most likely talk about reproductive health with their mothers (60%) and their friends (51%). Only 27% never married women age 15-24 prefers to discuss reproductive health with a health service provider, and 21% never married women age 15-24 would likely to talk about reproductive health with a health service provider. Less mentioned discussion with religious leaders about reproductive health **(Table 14.19)**.

14.3.2 Source of Information on reproductive health

This section discusses the sources of adolescent reproductive health information for adolescents. The place to get information on reproductive health are the Center for Information and Counseling on Adolescent Reproductive Health for Youth/Student (CIC-ARH Y/S)/(PIK-R/M), managed by BKKBN and the Youth Heath Care Services at Community Health Center (YHCS-CHC)/(PUSKESMAS PKPR), managed by the Ministry of Health, Youth Centers, and others (BKKBN, 2019).

Only 9% of never-married women age 15-24 knows a place that provide information and counseling about adolescent reproductive health. Among them, PIK-R/M is the most popular place that provides information and counseling about adolescent reproductive health (60%) **(Table 14.20)**.

Patterns by background characteristics

- The percentage of never-married women age 20-24 who knows that PIK-R/M is a place that provide information and counseling about adolescent reproductive health is higher than never married women age 15-19.
- Percentage of never-married women age 15-24 who knows about a place that provide information and counseling about adolescent reproductive health is the highest among those in the highest wealth quintile (12%) than other wealth quintile level.

14.3.3 Services Available on reproductive health

This section provides details about never married women age 15-24 who are aware of places offering adolescent reproductive health information and counseling and have used these services, understanding what they provide. Information on reproductive health services is the most likely to be found by never married women aged 15-24 when visited the place that give information about reproductive health followed by medical checkup and counseling, 73%, 61% and 56% respectively **(Table 14.21)**.

14.3.4 Knowledge on reproductive health issues

More than half of never married women age 15-24 were taught about reproductive health, narcotics, drugs and HIV/AIDS topics in school, 82%, 75%, and 67% respectively. Most of them received narcotics, drugs, human reproductive health, HIV/AIDS, and sexually transmitted infections lesson in junior high school, 57% 56%, 54%, and 47% respectively. Family planning is not commonly discussed in schools. This is shown by the low percentage of respondents who answered that they received lessons about family planning in schools (15%) **(Table 14.22)**.

14.3.5 Participation on Community-sponsored meeting on reproductive health

In 2023-24 IDHS, never-married women aged 15-24 were also asked if they had ever attended a community-organized meeting on reproductive health. If they had, they were asked about the type of meeting they participated in.

Only 9% never married women age 15-24 attended a community-sponsored meeting on reproductive health. Most never-married women age 15-24 attended government extension service and youth group type meeting on reproductive health, 40% and 36% respectively **(Table 14.23)**.

Patterns by background characteristics

- Higher percentage of never-married women aged 20-24 aged attended government extension service meeting on reproductive health than never married women aged 15-19 age (50% and 32% respectively).
- Most never-married women aged 15-24 in urban areas (40%) attended youth group meeting on reproductive health than women in rural areas (26%).
- Never-married women aged 15-24 with no education (19%) are more likely to attend a community-sponsored meeting on reproductive health.
- Percentage of never-married women aged 15-24 attended a community-sponsored meeting on reproductive health increases as wealth quintile level increases (from lowest to highest wealth quintile, 6% increase to 12%) **(Table 14.23)**.

14.4 Attitude Towards Family Planning Services

Family planning services available to adolescents currently are limited to provision of information, education, and counseling services. Provision of contraceptive methods/services for unmarried adolescents

is not part of the policy of the Population, Family Planning and Family Development Program in Indonesia. In the 2023-24 IDHS, never-married women age 15-24 were asked about any family planning services that should be provided for adolescents. The services consisted of three categories: information, counseling, and contraceptive methods/services.

Seventy-five percent of never married women age 15-24 think that information about family planning needs to be provided, and 67% think that family planning counseling service needs to be provided. Sixty-two percent of never married women aged 15-24 said that contraceptive methods/services need to be provided **(Table 14.9)**.

Patterns by background characteristics

- The percentage of never married women aged 20-24 who thinks that information and counseling should be provided (77% and 71%, respectively) is higher than the percentage for never married women aged 15-19 (73% and 64%, respectively).
- Most of never married women aged 15-24 who live in urban area think that information and counseling should be provided (78% and 69%, respectively).
- The percentage of never married women aged 15-24 who think that contraceptive method needs to be provided increases as wealth quintile increases (from lowest to highest wealth quintile level, 56% increase to 66%).

14.4.1 Attitudes toward condom use

Information about adolescents' attitudes toward condom use was collected in the 2023-24 IDHS. Some statements about condoms were read to the respondents, and then they were asked whether they agreed or disagreed with the statements. Two of the statements are correct (condoms can prevent pregnancy and condoms can protect from HIV/AIDS and STIs), while one statement is incorrect (condoms can be reused).

The percentage of never married women aged 15-24 who agrees with the statement that condoms can prevent pregnancy is 58%, followed by with who agrees that condoms can protect against HIV/AIDS and STIs (40%) and agrees that condoms can be reused (9%) **(Table 14.10)**.

Patterns by background characteristics

- The percentage never-married women aged 15-24 who agree that condom can prevent pregnancy is increases as the wealth quintile increases too, from 49% in lowest quintile to 63% in highest quintile.

14.5 Marriage and Preferences for Children

This section presents opinions obtained from women regarding the ideal age at first marriage and at first birth, decision on whom to marry, ideal number of children, and decision-making regarding the number of children.

14.5.1 Ideal Age at First Marriage

Ideal age at first marriage:
The women's opinion on the best ages for woman and a man to marry.
Sample: Never-married women age 15-24.

According to never married women aged 15-24, the median ideal age at first marriage for women, is 24.3 years and for men is 25.5 years. The preferred ideal age at marriage is 24.4 years **(Table 14.11)**.

Trends: The median ideal age at first marriage for women according to never married women aged 15-24 increased slightly from 23.6 years in 2012 IDHS, 23.7 in 2017 IDHS and 24.3 years in 2023-24 IDHS.

Patterns by background characteristics

- The percentage of never married women aged 15-24 who think that the ideal age at first marriage for women should be in age group 20-24 years is higher among women age 15-19 (31%) compared with those women age 20-24 (25%).
- The percentage of never married women aged 15-24 who think that the ideal age at first marriage for women is 20-24 years is slightly lower compared with women in rural areas (28% and 31%) respectively.

14.5.2 Decision on Whom to Marry

Decision on whom to marry:
Women were asked who will make the decision on whom they will marry in the future.
Sample: Never-married women age 15-24.

Respondents were asked who they think is going to decide whom they will marry in the future if it is their parents, themselves, or both who decided. Most never-married women aged 15-24 (75%) said they will decide for themselves whom they will marry in the future **(Table 14.13)**.

Patterns by background characteristics

- The percentage of never married women aged 15-24 who said they will decide for themselves whom they will marry is higher in women age 20-24 (77%) than in those age 15-19 (74%).
- Rural never married women aged 15-24 are more likely than urban women to say they will decide for themselves whom they will marry (78% versus 74%).

14.5.3 Decision on Number of Children

Decision on Number of children:
Who should decide on the number of children a couple would have, whether the wife, the husband, or both the wife and husband.
Sample: Never-married women age 15-24.

Eighty-nine percent of never married women aged 15-24 think that the total number of children must be decided jointly by the wife and husband **(Table 14.14)**.

Patterns by background characteristics

- Higher percentage never-married women 20-24 age group (92%) think that number of children must be decided together by the wife and husband than women 15-19 age group (88%).
- Most never-married women aged 15-24 both in urban and rural areas think that the total number of children must be decided by both wife and husband, 91% and 87% respectively.
- Never-married women aged 15-24 with more than secondary education (95%) are more likely to think that number of children must be decided jointly by wife and husband.
- The percentage never-married women aged 15-24 who think that number of children must be decided by both wife and husband increases as wealth quintile level increases **(Table 14.14)**.

14.5.4 Ideal Age at First Birth

Ideal age at first birth

The ideal age for a woman and a man to have their first child according to respondents.

Sample: Never-married women age 15-24.

According to never married women aged 15-24, the median ideal age for women at first birth is 24.6 years, and 26.1 years for men **(Table 14.15)**. While 23% of women are expected to have their first birth by age 20-24 years, it is only 6% for men.

Trends: The median ideal age at first birth for women according to never married women aged 15-24 in the 2012 IDHS and 2017 IDHS is similar, 25 years old and it is decreasing slightly to 24.6 years old in 2023-24 IDHS. The same pattern is found in median ideal age at first birth for men, 27 years old in 2012 IDHS and 2017 IDHS then slightly decrease to 26.1 years old in 2023-24 IDHS.

Patterns by background characteristics

- In general, there is little variation by background characteristics in the median ideal age at first birth for women and men according to never married women aged 15-24 **(Table 14.15)**.

14.5.5 Perception about Birth Intervals

Birth intervals

Interval between births for women.

Sample: Never-married women age 15-24.

The majority of never-married women age 15-24 think that 60+ months and 24-35 months is the best time to wait to have another birth, 26% and 25% respectively **(Table 14.16)**.

Patterns by background characteristics

- The percentage of never-married women aged 20-24 age group who think that 24 - 35 months is the best time to have another birth (28%) is higher than women in 15-19 age group (23%).
- The percentage of never-married women aged 15-24 in rural areas who think that 7 to 17 months is the best time to have another birth is higher than women in urban areas, 12% and 8% respectively.
- Never-married women aged 15-24 with no education (37%) more likely think that 24 to 35 months is the best time to have another birth. In other case, women with completed secondary more likely to think that 5 years or more is the best time to have another birth.

14.5.6 Perception about Unwanted Pregnancy

Teenage pregnancy is closely associated with unwanted pregnancy, which is often followed by an abortion to avoid embarrassment and sanction from the community. Pregnant adolescents (age 10-19) are at risk for complications of pregnancy and childbirth such as eclampsia and puerperal endometritis, which is one of the major causes of maternal death in the world. Unsafe abortions pose the same health risks (WHO, 2024).

Unwanted pregnancy
Any pregnancy that is not wanted when conceived.

***Sample*:** Never-married women age 15-24.

In 2023-24 IDHS, never-married women were asked about their perception on dealing with unwanted pregnancy. Many of the never married women aged 15-24 (48%) think to have the baby and keep it to deal with unwanted pregnancy. Twenty three percent never married women aged 15-24 do not know what to do if they have unwanted pregnancy.

Patterns by background characteristics

- Never-married women aged 20-24 are more likely to choose to have the baby and keep it. Women in the age group 15-19 most likely don't know what to do if unwanted pregnancy happens.
- Never married women aged 15-24 who have more than secondary education tend to have the baby and keep it for dealing with unwanted pregnancy than women with another education level.
- Never married women aged 15-24 with lowest wealth quintile are more likely think abortion is solution to dealing with unwanted pregnancy (3%), it is higher than other wealth quintile level.

14.5.7 Perception about Abortion

Teenage pregnancy can increase the risk of abortion (Singh 2005). In addition to questions regarding abortion, the respondents were asked about their opinion on acceptable circumstances for an abortion.

Abortion
A pregnancy that is voluntarily ended.

Sample: Never-married women age 15-24.

Most of the never-married women age 15-24 think abortion is acceptable if the pregnancy endangers life and the health of the mother and her baby, 69% and 68% respectively. The least acceptance of abortion if the couple cannot afford to have a child (9%) and pregnancy of unmarried women, (10 %) respectively **(Table 14.18)**.

Patterns by background characteristics

- The percentage of never married women aged 15-24 who live in urban areas accept abortion if pregnancy endangers life and the health of the mother and her baby is higher than women who live in rural areas (73% and 61% respectively).

14.6 Smoking, Alcohol Consumption, and Drug Use

The adolescent reproductive health component in the 2023-24 IDHS collected information on high-risk behavior among adolescents. This behavior includes cigarette smoking, alcohol consumption, and use of drugs (narcotics, psychotropics, and other additive substances).

14.6.1. Smoking

Current smoker

Adolescents who at the time of the survey smokes any tobacco product either daily or occasionally.

Ex-smoker

Adolescent who has stopped smoking, only tried to smoke, or is an occasional smoker.

Sample: Never-married women age 15-24.

Smoking behavior strongly correlates with increasing risk of noncommunicable diseases such as cardiovascular disease, cancer, and chronic obstructive pulmonary disease (WHO, 2020). The Ministry of Health has established several policies to reduce prevalence of smoking, including the creation of a smoke-free zone at school, in the workplace, and in public areas (MOH, 2014).

Almost all never-married women waged 15-24 ere non-smokers (98%). Only 1% of women just tried smoking **(Table 14.24)**.

Patterns by background characteristics

- The percentage of never married women aged 15-24 in rural areas who just tried smoking is higher than women in urban areas (2% and 1% respectively).
- The percentage of never-married women aged 15-24 with the lowest quintile wealth who try smoking (2%) is the highest among other wealth quintile levels.

14.6.2 Alcohol Consumption

The psychological and social changes in adolescence are marked by the increase in behavioral mimicry and exploration with peers. Such behavior provides an opportunity for adolescents to be exposed to risky behavior such as drinking alcohol. Drinking alcohol during adolescence can inhibit cell growth and cell maturation and subsequently lead to addiction in adulthood (Newcomb and Bentler, 1989).

Alcohol consumption

Adolescents who drink alcohol are classified into two categories: daily drinkers and occasional drinkers.

Sample: Never-married women age 15-24.

Prevalence of alcohol consumption is an indicator of Sustainable Development Goals (SDGs), stated in goal number 3.5, which is to strengthen the prevention and treatment of drug abuse and harmful use of alcohol (Ministry of National Development Planning, 2023). Ninety eight percent of never-married women aged 15-24 were non-drinkers of alcohol. Only 1% never-married women aged 15-24 were ex-drinker **(Table 14.25)**.

Patterns by background characteristics

- The percentage of never-married women with no education are currently drinkers is the highest (2%) among other education levels.

14.6.3 Influence Others on not smoking, using Alcohol, and drugs

Twelve percent of never-married women aged 15-24 influenced others to not drink alcohol. Only 1% never married women aged 15-24 influenced the others to not smoke, and11% never-married women aged 15-24 influenced the others to not take drugs **(Table 14.26)**.

Patterns by background characteristics

- Never-married women with more than secondary education has the highest percentage to influence their friends and other to not drink alcohol (16%) and take drugs (14%) than other education level.
- Never-married women with highest wealth quintile more likely to influence their friends and other to not drink alcohol (14%) and take drugs (16%) than other wealth quintile level.

14.7 Dating and Sexual Experience

Adolescence is an important transitional stage in reproductive health. The human reproductive organs mature, and rapid physical changes are sometimes out of balance with mental changes. The imbalance in mental development in the transition period can cause confusion among adolescents, which can lead them to irresponsible sexual behaviors, such as dating that leads to premarital sexual intercourse. The impact of such behavior includes teenage pregnancy, unwanted pregnancy, and unsafe abortion. In addition, adolescents can be infected with sexually transmitted diseases (STDs) and face social consequences such as dropping out of school, community stigma, and other social sanctions.

The 2023-24 IDHS collected information about dating and sexual experiences among never-married women age 15-24. They were also asked about dating activities, attitudes toward premarital sexual behavior, attitudes toward virginity, and sexual experiences. Women who reported having premarital sexual experience were asked further about reasons for first premarital sexual intercourse, age at first sexual intercourse, and condom use during sexual intercourse (first and last). In the 2023-24 IDHS, they were asked about unwanted pregnancies and abortions that occurred around them; whether they know a friend who had an abortion; and whether they had ever influenced a friend/someone to abort her pregnancy or not to abort her pregnancy. This information can become an input for evaluation and planning in adolescent reproductive health programs.

14.7.1 Dating

Dating can lead to violence, premarital sexual activity, unwanted pregnancies, sexually transmitted infections, and other potentially negative consequences. The survey asked the respondents whether they currently have a boyfriend or have ever had boyfriend. In this section dating refers to having a boyfriend.

Sixty-four percent of never-married women age 15-24 never had a boyfriend and 19% of never married women had their first date at age 15-17 **(Table 14.27)**.

Patterns by background characteristics

- The percentage of never-married women aged 15-19 who never had a boyfriend is higher than never married women aged 20-24, 72% and 51% respectively.
- The percentage of never-married women aged 15-24 in rural areas to start first date at 15-17 age is higher than never married aged 15-24 women in urban areas, 20% and 18% respectively.
- Most of never-married women aged 15-24 with lowest wealth quintile never had a boyfriend (70%).

14.7.2 Dating Experience

Sexual contact in adolescents is divided into four stages: holding hands, embracing, kissing, and touching/ being touched sensitive parts.

Thirty-one percent never-married women aged 15-24 age have dating experience with holding hands and 12% women with embraced experience. Dominated with never-married women 20-24 age group with holding hands experience (43%) **(Table 14.28)**.

14.7.3 Attitude about Premarital Sexual Behavior

Premarital sexual behavior has consequences for health such as transmission of sexually transmitted diseases/infections and teenage pregnancy, which can result in pregnancy or postnatal complications, dropping out of school, or other social sanctions.

Eight percent women age 15-24 have friends who had premarital sex **(Table 14.29)**. One percent woman have friends who had premarital sex approve, premarital sex behavior for women and men.

Patterns by background characteristics

- Nine percent never-married women age 20-24 have friends who had premarital sex compare to women 15-19 age group (8%) **(Table 14.29)**.
- Among never-married women who have friends who had premarital sex, those with more than secondary education level (7%) got motivated to have sex than those in other education level.
- Percentage of never-married women age 20-24 who have friends who had premarital sex increases (7%, 8%, 6% and 10%) as wealth quintile increases.

Reason for approving pre-marital sex

Seven percent of never-married women age 15-24 approve someone having sexual intercourse before marriage because they plan to get married. Mentioned less by never-married women aged 15-24 for show their love to approve someone having sexual intercourse before marriage (3%) **(Table 14.30)**.

Patterns by background characteristics

- Six percent of never-married women aged 15-19 who approve of someone having sexual intercourse before marriage for show their love each other. The percentage of never married women aged 20-24 approve someone having sexual intercourse before marriage because they are planning to get married is 8%.
- The percentage of never-married women aged 15-24 in urban areas answered plan to get married and know their consequences to approve someone having sexual intercourse before marriage (7%).

Influence of sexual experience

Among never-married women aged 15-24 who had never had sex, 2% had intension of having premarital sex. Among never-married women age 15-24, 18% had advised or influenced someone not to have premarital sex **(Table 14.31)**.

14.7.4 Attitude towards Virginity

The Indonesian culture considers virginity at time of marriage as important. Never married women were asked their opinion on keeping virginity until marriage and the importance of virginity of a future wife for a man.

Most of never-married women agree that women should maintain virginity (93%) and 68% thinks men should value future wife's virginity **(Table 14.32)**.

Patterns by background characteristics

- Seventy one percent never-married women 20-24 age group thinks men value future wife's virginity, higher than women 15-19 age group (67%).
- Ninety-five percent of never-married women with more secondary education level agree that women should keep their virginity is higher than other education levels.
- Most women with lowest wealth quintile agree that women should keep their virginity (94%) than women with other wealth quintile level who keep their virginity.

14.7.5 Attitude towards Abortion

Only 2% of never-married women age 15-24 who know about young unmarried women who tried to abort her pregnancy or has ever aborted her pregnancy. Four percent of never-married women had ever advised someone not to abort a pregnancy **(Table 14.33)**.

Patterns by background characteristics

- Eight percent of never-married women aged 15-24 with no education has ever advised someone not to abort a pregnancy, higher than other education level.
- Percentage of never-married women who has ever advised someone not to abort a pregnancy is slightly increases as wealth quintile increases, from 3% in lowest quintile to 5% in highest quintile.

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Table 14.1 Educational attainment of never-married young women

Percent distribution of never-married women age 15-24 by highest level of education attended or completed, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Highest level of schooling						Total	Number of women
	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary		
Age								
15-19	2.4	0.8	1.8	57.2	32.2	5.6	100.0	1,638
20-24	4.5	1.8	1.9	5.5	60.6	25.8	100.0	1,038
Residence								
Urban	2.4	1.0	1.1	36.2	44.3	15.0	100.0	1,674
Rural	4.6	1.4	3.0	38.7	41.4	10.9	100.0	1,002
Wealth quintile								
Lowest	5.1	3.4	5.7	43.2	36.6	6.0	100.0	399
Second	7.5	1.7	1.5	36.6	45.5	7.3	100.0	489
Middle	3.5	1.4	2.3	37.6	47.1	8.0	100.0	513
Fourth	0.8	0.2	0.5	36.7	49.1	12.7	100.0	639
Highest	1.0	0.1	0.6	33.8	36.5	28.0	100.0	636
Total	3.2	1.2	1.8	37.2	43.2	13.5	100.0	2,676

[1] Completed 6th grade at the primary level.

[2] Completed 6th grade at the secondary level.

Table 14.2 Reason for not attending school

Percent distribution of never-married women age 15-24 who are no longer attending school by reason for stopping education, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Graduat-ed/had enough schooling	Family needed help on farm or business	Could not pay school fees	Needed to earn money	Did not like school/ did not want to continue	Other	Total	Number of women
Age								
15-19	61.7	1.6	11.5	10.3	2.6	12.3	100.0	375
20-24	70.1	1.1	12.2	10.8	0.6	5.3	100.0	737
Residence								
Urban	68.8	0.7	11.8	11.9	0.7	6.0	100.0	668
Rural	64.9	2.2	12.1	8.8	2.0	10.0	100.0	444
Wealth quintile								
Lowest	60.4	2.0	24.0	2.4	1.5	9.6	100.0	179
Second	64.1	0.9	20.2	7.8	0.2	6.9	100.0	226
Middle	66.6	0.0	7.8	14.7	3.9	6.9	100.0	241
Fourth	74.2	2.4	5.2	15.3	0.4	2.5	100.0	289
Highest	67.8	0.9	5.8	9.5	0.0	16.0	100.0	176
Total	67.3	1.3	11.9	10.7	1.3	7.6	100.0	1,112

Table 14.3 Exposure to mass media: Never-married youth

Percentage of never-married women age 15-24 who usually read a newspaper or magazine, listen to the radio, watch TV, and access the internet at least once a week in the last 12 months, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Reads a newspaper/ magazine	Listens to a radio	Watches TV	All three media	None of the three media	Accessed internet in the last 12 months	Accessed internet in the last 1 month	Number of women
Age								
15-19	33.5	19.3	82.7	16.3	14.7	89.4	88.8	1,638
20-24	34.4	21.3	81.4	18.3	16.4	92.3	91.8	1,038
Residence								
Urban	36.2	20.1	83.3	16.8	13.8	93.7	93.0	1,674
Rural	29.9	20.1	80.4	17.4	18.0	85.3	85.0	1,002
Education								
No education	33.9	24.3	63.8	21.7	30.4	71.0	70.0	86
Some primary	(19.7)	(27.5)	(44.7)	(17.3)	(55.3)	(49.5)	(49.5)	31
Completed primary	28.0	27.7	76.1	25.1	23.0	68.6	68.6	48
Some secondary	32.7	19.4	84.9	16.3	13.1	89.4	89.1	994
Completed secondary	34.1	18.8	83.5	16.3	14.5	93.1	92.1	1,156
More than secondary	38.3	23.6	79.2	19.2	16.2	96.8	96.8	360
Wealth quintile								
Lowest	33.4	26.3	67.1	22.7	29.5	76.5	76.1	399
Second	34.9	23.1	80.3	19.0	16.4	86.9	86.2	489
Middle	37.2	20.1	87.4	16.9	10.2	90.1	89.6	513
Fourth	29.2	14.3	84.5	11.8	13.8	95.4	94.7	639
Highest	35.4	19.8	86.8	17.4	11.3	97.6	97.2	636
Total	33.8	20.1	82.2	17.0	15.3	90.5	90.0	2,676

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

Table 14.4 Exposure to information on specific topics from various source

Among percentage of never-married women age 15-24 who read a newspaper/ magazine, heard radio, or watched television, the percentage who read/heard/saw about specific topics in the last 6 months preceding the interview, according to background characteristics, Indonesia DHS 2023-24

Specific topics	Among those who read a newspaper/magazine: Percentage who read about specific topics	Among those who heard on the radio: Percentage who heard about specific topics	Among those who saw or watched television: Percentage who saw/watched about specific topics
Postponement of age at marriage	23.2	13.1	17.7
HIV/AIDS	41.6	17.2	29.0
Sexually transmitted infections (TI)	21.5	8.7	12.4
Condom/condom advertisement	14.9	9.8	13.6
Drugs	56.6	22.9	45.5
Alcoholic beverages	43.9	18.3	33.9
Prevent pregnancy or family planning	18.9	10.3	13.9
Number of women	906	538	2,200

Table 14.5 Knowledge of physical changes at puberty

Percentage of never-married women age 15-24 who know of physical changes in a man and a woman at puberty by age, Indonesia DHS 2023-24

Indicators of physical changes	15-19	20-24	Total
Adolescent man			
Develop muscles	50.4	51.0	50.6
Change in voice	76.5	74.9	75.9
Growth of facial hair, pubic hair, underarm hair, chest, legs and arms	53.3	56.1	54.4
Increase in sexual arousal	16.8	18.1	17.3
Wet dreams	53.6	54.5	54.0
Growth of Adam's apple	43.3	41.0	42.4
Other	0.8	0.9	0.8
Don't know any signs	4.2	3.3	3.8
Adolescent woman			
Growth of pubic and underarm hair	56.3	59.1	57.4
Growth in breasts	81.5	83.8	82.4
Growth in hips	54.5	55.1	54.7
Increase in sexual arousal	18.5	20.9	19.4
Start menstruation	76.1	74.0	75.3
Other	1.0	1.2	1.1
Don't know any signs	2.3	1.5	2.0

Number of respondents	1,638	1,038	2,676

Table 14.6 Source of knowledge of physical changes at puberty

Percentage of never-married women age 15-24 who know of physical changes in a man and a woman at puberty by source of information, Indonesia DHS 2023-24

Indicators of physical changes	15-19	20-24	Total
Friends	34.8	37.8	35.9
Mother	84.2	88.4	85.8
Father	2.4	3.6	2.9
Siblings	8.5	8.9	8.7
Relatives	8.3	9.8	8.9
Teacher	89.7	89.2	89.5
Health service provider	16.8	19.1	17.7
Religious leader	2.3	1.7	2.1
Television	2.8	3.8	3.2
Radio	0.1	0.4	0.2
Book/ magazine/	2.7	3.5	3.1

newspaper			
Internet	30.6	31.1	30.8
Other	2.5	1.6	2.1
Don't know	1.6	1.5	1.6
Number of respondents	1,638	1,038	2,676

Table 14.7 Discussed about menstruation

Among never-married women age 15-24 who have begun menstruation and had someone talk to them about menstruation before it started, the percentage by person who talked to them, and percentage of never-married women age 15-24 who talked to someone when they had menstruation for the first time by age, Indonesia DHS 2023-24

Person with whom menstruation was discussed	Percentage who had someone talk before menstruation			Percentage who talk to someone when they first had menstruation		
	15-19	20-24	Total	15-19	20-24	Total
Friends	47.4	48.8	47.9	31.9	30.5	31.4
Mother	81.2	83.0	81.9	87.0	86.4	86.7
Father	1.0	1.7	1.3	0.8	1.7	1.2
Siblings	9.1	8.7	9.0	7.1	5.4	6.5
Relatives	7.8	6.9	7.5	4.5	3.6	4.2
Teacher	21.9	22.8	22.2	3.0	2.5	2.8

Health service provider	2.2	5.1	3.3	1.2	1.9	1.5
Religious leader	1.3	1.4	1.3	0.0	0.0	0.0
Other	0.6	0.1	0.4	0.2	0.0	0.1
Don't know	na	na	0.0	4.0	5.0	4.4
Number of respondents	1,179	691	1,870	1,593	1,018	2,611

Table 14.8 Knowledge on risk of pregnancy

Percentage of never-married women age 15-24 who think that a woman can become pregnant after one instance of sexual intercourse and percentage of women who know how to avoid pregnancy, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Can become pregnant with one instance of sexual	Ways to avoid pregnancy				Number of women
		Abstain from sex	Use contrace pt-tion	Other	Don't know	

	intercourse					
Age						
15-19	27.3	54.8	24.6	0.4	37.7	1,638
20-24	34.3	63.0	41.6	0.3	23.8	1,038
Residence						
Urban	32.9	58.9	34.2	0.4	30.2	1,674
Rural	25.3	56.3	26.3	0.4	35.9	1,002
Education						
No education	22.7	53.0	14.9	0.0	46.2	86
Some primary	(13.0)	(44.3)	(15.9)	(0.0)	(54.2)	31
Completed primary	15.8	56.1	23.2	1.5	37.1	48
Some secondary	22.8	52.4	21.1	0.3	41.9	994
Completed secondary	33.3	60.8	36.9	0.3	25.5	1,156
More than secondary	44.7	66.8	47.2	0.7	22.1	360
Wealth quintile						
Lowest	23.5	57.7	21.2	0.7	37.6	399
Second	24.5	54.8	27.1	0.5	35.4	489
Middle	32.7	63.0	30.6	0.0	29.8	513
Fourth	31.9	58.8	32.8	0.3	30.8	639
Highest	34.4	55.6	39.6	0.3	30.2	636
Total	30.1	58.0	31.2	0.4	32.3	2,676

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

Table 14.9 Attitudes toward provision of family planning services

Percentage of never-married women age 15-24 who think that family planning services should be available to unmarried adolescents by type of service, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Information	Counseling	Contraceptive method	Total
Age				
15-19	73.0	64.1	61.0	1,638
20-24	77.3	70.6	64.2	1,038
Residence				
Urban	78.1	69.4	64.2	1,674
Rural	69.0	62.0	59.1	1,002
Education				
No education	76.9	69.9	57.7	86
Some primary	(34.1)	(36.2)	(31.2)	31
Completed primary	79.6	67.8	57.7	48
Some secondary	72.9	63.6	62.3	994
Completed secondary	75.5	66.8	61.1	1,156
More than secondary	79.4	75.9	70.1	360
Wealth quintile				
Lowest	66.3	58.2	55.5	399
Second	75.5	66.9	61.5	489
Middle	73.6	68.7	62.3	513
Fourth	78.1	67.2	63.8	639
Highest	76.8	69.4	65.5	636
Total	74.7	66.6	62.3	2,676

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

Table 14.10 Attitudes toward condom use

Percentage of never-married women age 15-24 who agree with specific statements about condom use, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Condom can prevent pregnancy	Condom can prevent HIV/AIDS and STI	Condom can be reused	Total
Age				
15-19	52.2	35.5	7.7	1,638
20-24	66.9	47.6	9.9	1,038
Residence				
Urban	60.9	43.8	9.1	1,674
Rural	52.9	34.3	7.7	1,002
Education				
No education	50.8	28.5	7.9	86
Some primary	(22.7)	(23.1)	(7.3)	31
Completed primary	48.8	47.0	6.7	48
Some secondary	48.6	31.5	5.8	994
Completed secondary	63.2	44.5	8.7	1,156
More than secondary	72.5	53.8	16.0	360
Wealth quintile				
Lowest	48.7	31.9	6.2	399
Second	47.0	29.5	7.2	489
Middle	64.6	45.0	8.0	513
Fourth	61.9	40.7	6.7	639
Highest	62.6	49.3	13.3	636
Total	57.9	40.2	8.5	2,676

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

Table 14.11 Perception about ideal age at first marriage

Percent distribution of never-married women age 15-24 by ideal age at first marriage for women and men, and their preferred age at marriage, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	<20	20-24	25+	Don't know	Total	Number of women	Median (years)
IDEAL AGE FOR WOMEN							
Age							
15-19	0.9	31.3	46.3	21.5	100.0	1,638	24.2
20-24	0.1	24.6	56.1	19.2	100.0	1,038	24.4
Residence							
Urban	0.1	27.6	49.8	22.5	100.0	1,674	24.3
Rural	1.4	30.5	50.7	17.5	100.0	1,002	24.3
Education							
No education	11.5	26.2	43.6	18.6	100.0	86	24.1
Some primary	(0.0)	(14.1)	(54.3)	(31.6)	100.0	31	*
Completed primary	0.0	33.3	39.5	27.2	100.0	48	(24.1)
Some secondary	0.3	29.8	46.5	23.4	100.0	994	24.2
Completed secondary	0.2	29.0	49.9	20.9	100.0	1,156	24.3
More than secondary	0.3	26.0	63.4	10.3	100.0	360	24.4
Wealth quintile							
Lowest	1.4	31.0	44.9	22.8	100.0	399	24.2
Second	1.4	31.2	45.0	22.3	100.0	489	24.2
Middle	0.4	34.2	46.7	18.8	100.0	513	24.2
Fourth	0.1	27.2	50.1	22.7	100.0	639	24.3
Highest	0.2	22.4	60.2	17.3	100.0	636	24.4
Total	0.6	28.7	50.1	20.6	100.0	2,676	24.3
IDEAL AGE FOR MEN							

Age							
15–19	0.4	9.4	68.1	22.0	100.0	1,638	25.3
20–24	0.1	3.1	76.8	20.0	100.0	1,038	25.9
Residence							
Urban	0.0	5.4	71.4	23.1	100.0	1,674	25.7
Rural	0.7	9.6	71.6	18.2	100.0	1,002	25.2
Education							
No education	5.5	12.3	61.7	20.5	100.0	86	25.0
Some primary	(0.0)	(16.7)	(51.8)	(31.5)	100.0	31	*
Completed primary	0.0	7.0	64.5	28.5	100.0	48	(24.7)
Some secondary	0.2	10.0	65.5	24.3	100.0	994	25.3
Completed secondary	0.0	5.0	73.5	21.5	100.0	1,156	25.5
More than secondary	0.0	2.9	86.5	10.6	100.0	360	26.1
Wealth quintile							
Lowest	1.3	9.4	66.2	23.1	100.0	399	25.4
Second	0.2	11.9	65.0	22.9	100.0	489	25.4
Middle	0.2	8.2	72.1	19.5	100.0	513	25.2
Fourth	0.0	3.9	72.0	24.1	100.0	639	25.7
Highest	0.0	3.8	78.8	17.4	100.0	636	25.7

Background characteristic	<20	20–24	25+	Don't know	Total	Number of women	Median (years)
Total	0.3	7.0	71.5	21.3	100.0	2,676	25.5
PREFERRED IDEAL AGE AT MARRIAGE[1]							
Age							
15–19	0.6	26.7	42.8	29.8	100.0	1,631	24.2
20–24	0.1	19.5	58.8	21.6	100.0	1,035	24.5
Residence							
Urban	0.2	22.7	49.4	27.7	100.0	1,666	24.4
Rural	0.9	25.8	48.4	24.9	100.0	999	24.3
Education							
No education	5.9	33.6	34.2	26.3	100.0	81	23.6
Some primary	(0.0)	(15.7)	(53.3)	(31.0)	100.0	31	*
Completed primary	0.0	27.6	37.6	34.9	100.0	48	(24.2)
Some secondary	0.3	24.4	43.0	32.4	100.0	992	24.3
Completed secondary	0.2	24.7	49.8	25.4	100.0	1,154	24.4
More than secondary	0.7	18.2	67.9	13.3	100.0	360	24.6
Wealth quintile							
Lowest	1.7	23.5	43.5	31.2	100.0	397	24.3

Second	0.3	24.9	41.2	33.6	100.0	484	24.2
Middle	0.2	31.8	46.4	21.6	100.0	510	24.2
Fourth	0.2	22.6	50.2	27.0	100.0	639	24.4
Highest	0.2	18.3	59.4	22.1	100.0	636	24.5
Total	0.4	23.9	49.0	26.6	100.0	2,665	24.4

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

[1] Excludes 10 cases who mentioned that they would never get married.

Table 14.12 Health examination before marriage

Percentage of never-married women age 15-24 who mentioned that couple who wants to get married needs to have their health examined, and among those who think health examination is required percentage by type of health examination, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage who think health examination is required	Number of women	Type of health examination					
			Physical examination	Blood test	Urine test	Other	Don't know	Number of women
Age								
15-19	72.3	1,638	81.2	60.7	43.7	4.0	11.9	1,184

20-24	81.4	1,038	84.3	69.4	49.2	4.9	5.9	845
Residence								
Urban	79.5	1,674	84.9	65.9	47.8	4.2	6.8	1,331
Rural	69.7	1,002	77.9	61.2	42.5	4.8	14.3	698
Education								
No education	80.9	86	81.2	75.1	55.1	0.7	7.2	70
Some primary	(43.0)	31	*	*	*	*	*	14
Completed primary	54.1	48	(82.7)	(68.2)	(55.6)	(3.6)	(12.5)	26
Some secondary	71.3	994	79.8	55.7	41.1	2.8	14.1	709
Completed secondary	77.9	1,156	84.0	66.8	45.8	6.4	7.4	900
More than secondary	86.2	360	84.3	75.3	56.2	3.7	5.0	310
Wealth quintile								
Lowest	63.5	399	75.7	61.5	45.3	5.1	13.7	253
Second	72.9	489	77.9	59.1	40.2	2.9	15.7	356
Middle	77.5	513	78.6	63.0	41.6	3.3	13.0	397
Fourth	76.4	639	85.8	65.6	44.3	4.3	5.6	488
Highest	84.0	636	88.7	68.9	54.9	6.1	3.9	534
Total	75.8	2,676	82.5	64.3	46.0	4.4	9.4	2,029

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

Table 14.13 Decision on whom to marry

Percent distribution of never-married women age 15-24 by who makes the decision on whom to marry, according to background characteristics, Indonesia DHS 2023-24

Background	Self	Parent	Relatives	Jointly	Total	Number

characteristic		s				of women
Age						
15–19	74.1	5.5	0.2	20.1	100.0	1,638
20–24	77.3	3.9	0.2	18.6	100.0	1,038
Residence						
Urban	73.7	4.1	0.2	22.0	100.0	1,674
Rural	78.1	6.2	0.3	15.4	100.0	1,002
Education						
No education	74.1	6.4	0.0	19.5	100.0	86
Some primary	(57.5)	(10.3)	(0.0)	(32.2)	(100.0)	31
Completed primary	54.0	13.0	0.9	32.2	100.0	48
Some secondary	74.5	5.8	0.1	19.6	100.0	994
Completed secondary	76.3	4.1	0.3	19.3	100.0	1,156
More than secondary	79.6	2.9	0.2	17.3	100.0	360
Wealth quintile						
Lowest	73.2	10.3	0.7	15.8	100.0	399
Second	76.4	4.2	0.1	19.3	100.0	489
Middle	73.4	4.8	0.4	21.4	100.0	513
Fourth	74.4	4.6	0.0	21.0	100.0	639
Highest	78.6	2.4	0.1	19.0	100.0	636
Total	75.4	4.9	0.2	19.5	100.0	2,676

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

Table 14.14 Decision on number of children

Percent distribution of never-married women age 15-24 by who they think should make the decision on the number of children a couple should have, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Wife	Hus-band	Both husband and wife	Others	Don't know	Total	Number of women
Age							
15-19	2.9	0.8	87.3	0.2	8.7	100.0	1,638
20-24	2.4	0.1	92.3	0.1	5.0	100.0	1,038
Residence							
Urban	2.8	0.2	90.5	0.3	6.2	100.0	1,674
Rural	2.5	1.1	87.2	0.0	9.1	100.0	1,002
Education							
No education	2.6	1.1	89.5	0.0	6.7	100.0	86
Some primary	(5.7)	(6.2)	(73.9)	(0.0)	(14.2)	100.0	31
Completed primary	0.5	0.0	93.6	0.0	5.9	100.0	48
Some secondary	2.9	0.8	86.3	0.3	9.6	100.0	994
Completed secondary	2.6	0.3	90.1	0.1	6.9	100.0	1,156
More than secondary	2.8	0.0	95.2	0.0	1.9	100.0	360
Wealth quintile							
Lowest	3.0	1.4	82.8	0.0	12.8	100.0	399
Second	3.4	0.0	88.0	0.2	8.4	100.0	489
Middle	2.5	1.1	88.9	0.1	7.4	100.0	513
Fourth	2.4	0.5	89.9	0.0	7.1	100.0	639
Highest	2.5	0.0	93.8	0.5	3.1	100.0	636
Total	2.7	0.5	89.3	0.2	7.3	100.0	2,676

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

Table 14.15 Perception about ideal age at first birth

Percent distribution of never-married women age 15-24 by ideal age at first birth for women and men, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Ideal age at first birth <20	20-24	25+	Don't know	Total	Number of women	Median (years)
IDEAL AGE FOR WOMEN							
Age							
15-19	1.1	24.5	49.0	25.4	100.0	1,638	24.5
20-24	0.3	20.1	58.6	21.0	100.0	1,038	24.8
Residence							
Urban	0.5	21.0	53.3	25.2	100.0	1,674	24.7
Rural	1.3	25.8	51.8	21.1	100.0	1,002	24.6
Education							
No education	5.5	32.8	38.6	23.2	100.0	86	24.0
Some primary	(0.0)	(14.9)	(52.4)	(32.7)	100.0	31	*
Completed primary	0.0	36.2	34.4	29.4	100.0	48	(23.6)
Some secondary	0.5	23.2	49.0	27.3	100.0	994	24.6
Completed secondary	0.8	22.9	52.3	23.9	100.0	1,156	24.6
More than secondary	0.3	17.8	70.4	11.4	100.0	360	25.1
Wealth quintile							
Lowest	2.2	26.9	43.5	27.4	100.0	399	24.4
Second	0.6	25.4	46.3	27.7	100.0	489	24.5
Middle	0.6	25.7	54.1	19.7	100.0	513	24.6
Fourth	0.6	22.8	52.5	24.0	100.0	639	24.7
Highest	0.3	15.8	62.7	21.1	100.0	636	24.8
Total	0.8	22.8	52.8	23.7	100.0	2,676	24.6
IDEAL AGE FOR MEN							
Age							
15-19	0.8	7.5	65.6	26.0	100.0	1,638	26.0
20-24	0.3	4.2	72.6	22.9	100.0	1,038	26.4
Residence							
Urban	0.4	5.1	68.1	26.4	100.0	1,674	26.3
Rural	1.0	8.1	68.7	22.1	100.0	1,002	25.9
Education							
No education	5.5	11.9	59.2	23.5	100.0	86	25.2
Some primary	(0.0)	(17.5)	(49.8)	(32.7)	100.0	31	*
Completed primary	2.2	14.1	54.3	29.3	100.0	48	(24.9)
Some secondary	0.4	7.2	65.1	27.3	100.0	994	26.0
Completed secondary	0.6	5.4	67.8	26.2	100.0	1,156	26.2
More than secondary	0.0	2.8	84.7	12.5	100.0	360	26.7

Wealth quintile							
Lowest	2.7	8.3	61.7	27.2	100.0	399	25.8
Second	0.5	8.6	60.7	30.2	100.0	489	26.1
Middle	0.2	8.5	70.4	20.8	100.0	513	26.0
Fourth	0.2	5.0	68.7	26.0	100.0	639	26.2
Highest	0.1	2.5	76.2	21.2	100.0	636	26.4

	Ideal age at first birth						
Background characteristic	<20	20–24	25+	Don't know	Total	Number of women	Median (years)
Total	0.6	6.2	68.3	24.8	100.0	2,676	26.1

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

Table 14.16 Perception about birth intervals

Percent distribution of never-married women age 15-24 by their perception on months a woman should wait after one birth before she has another birth, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Months to wait after one birth 7-17	24-35	36-47	48-59	60+	Don't know	Total	Number of women
Age								
15-19	9.6	22.6	16.3	6.1	25.4	20.0	100.0	1,638
20-24	9.2	27.5	16.5	7.4	25.7	13.6	100.0	1,038
Residence								
Urban	8.1	24.6	17.5	7.2	25.5	17.1	100.0	1,674
Rural	11.8	24.4	14.6	5.6	25.5	18.2	100.0	1,002
Education								
No education	10.1	36.7	14.0	4.9	12.6	21.7	100.0	86
Some primary	(11.3)	(31.5)	(18.8)	(0.0)	(19.1)	(19.3)	100.0	31
Completed primary	8.7	22.4	25.1	2.3	16.1	25.3	100.0	48
Some secondary	7.3	23.4	16.8	5.3	26.0	21.1	100.0	994
Completed secondary	11.2	23.7	15.6	7.3	26.5	15.7	100.0	1,156
More than secondary	9.7	26.7	17.1	9.6	25.9	11.1	100.0	360
Wealth quintile								
Lowest	15.5	25.6	14.8	3.9	19.6	20.6	100.0	399
Second	9.6	24.1	13.9	4.6	25.7	22.1	100.0	489
Middle	11.3	22.7	16.7	6.2	26.2	16.8	100.0	513
Fourth	7.3	27.2	19.1	7.2	25.4	13.8	100.0	639
Highest	6.4	22.8	16.4	9.6	28.5	16.3	100.0	636
Total	9.5	24.5	16.4	6.6	25.5	17.5	100.0	2,676

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

Table 14.17 Perception on dealing with unwanted pregnancy

Percent distribution of never-married women age 15-24 by their perception on dealing with unwanted pregnancy, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Have the baby and keep it	Have the baby and give it away	Have abor-tion	Up to her to decide	Don't know	Total	Number of women
Age							
15-19	46.1	12.4	1.2	14.4	25.8	100.0	1,638
20-24	50.6	11.7	1.3	18.7	17.8	100.0	1,038
Residence							
Urban	47.9	12.7	1.3	16.9	21.2	100.0	1,674
Rural	47.8	11.1	1.1	14.6	25.3	100.0	1,002
Education							
No education	46.9	4.0	0.0	18.6	30.6	100.0	86
Some primary	(30.2)	(10.8)	(2.4)	(42.9)	(13.7)	100.0	31
Completed primary	40.6	10.7	0.0	8.0	40.7	100.0	48
Some secondary	41.4	11.6	1.6	17.1	28.3	100.0	994
Completed secondary	51.3	12.9	1.3	14.8	19.6	100.0	1,156
More than secondary	57.3	13.3	0.1	15.4	13.9	100.0	360
Wealth quintile							
Lowest	43.3	10.2	3.2	16.3	27.0	100.0	399
Second	45.4	9.4	1.4	14.2	29.5	100.0	489
Middle	44.2	12.7	1.5	16.1	25.5	100.0	513
Fourth	48.7	14.8	0.2	17.4	18.9	100.0	639
Highest	54.6	12.2	0.7	16.0	16.5	100.0	636
Total	47.9	12.1	1.2	16.1	22.7	100.0	2,676

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

Table 14.18 Perception about abortion

Percentage of never-married women age 15-24 by their perception on acceptable circumstances for an abortion, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Pregnancy endangers the health of the mother and her baby	Pregnancy endangers life of the mother and her baby	Fetus has physical deformity	Pregnancy resulted from a rape	Pregnancy of unmarried woman	Couple cannot afford to have a child	Mother is attending school	Number of women
Age								
15-19	64.9	65.2	27.7	16.9	8.9	8.9	12.2	1,638
20-24	73.8	73.8	29.1	19.3	10.4	10.3	11.2	1,038
Residence								
Urban	72.9	73.2	30.1	17.9	9.2	9.5	11.1	1,674
Rural	60.8	60.8	25.0	17.9	9.9	9.2	13.0	1,002
Education								
No education	57.4	56.1	26.7	19.5	14.9	20.8	25.3	86
Some primary	(49.3)	(39.9)	(19.8)	(13.3)	(24.1)	(15.9)	(31.8)	31
Completed primary	70.2	70.1	25.9	12.2	4.5	8.9	11.5	48
Some secondary	65.6	66.1	25.3	17.1	9.7	8.5	12.0	994
Completed secondary	69.7	70.2	30.7	19.1	9.8	9.8	11.2	1,156
More than secondary	75.8	75.2	29.6	17.0	5.8	7.4	8.2	360
Wealth quintile								
Lowest	62.4	62.2	24.8	17.1	11.3	9.7	14.3	399
Second	68.3	67.7	25.9	18.1	10.4	9.2	12.9	489
Middle	65.0	65.4	25.9	16.3	9.2	9.3	13.8	513
Fourth	73.6	75.1	30.2	21.9	10.4	9.9	10.2	639
Highest	69.6	69.3	32.0	15.4	6.7	9.1	9.4	636
Total	68.4	68.6	28.2	17.9	9.5	9.4	11.8	2,676

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

Table 14.19 Discussion of reproductive health

Percentage of never-married women age 15-24 by person with whom they talked about or discussed reproductive health, and percentage with preferred person with whom they would discuss for more information on reproductive health by age, Indonesia DHS 2023-24

	Percentage who talked about reproductive health			Percentage with preference person with whom they would discuss about reproductive health		
Person with whom menstruation was discussed	15-19	20-24	Total	15-19	20-24	Total
Friends	50.2	51.3	50.6	31.5	31.9	31.7
Mother	58.7	60.7	59.5	64.1	61.5	63.1
Father	4.2	5.8	4.8	1.8	2.0	1.9
Siblings	17.6	19.6	18.4	7.5	7.0	7.3
Relatives	15.5	14.2	15.0	4.6	4.0	4.4
Teacher	40.2	31.7	36.9	23.7	18.0	21.5
PLKB/PKB	3.6	3.2	3.4	1.2	2.4	1.7
Health service provider	20.3	23.2	21.4	25.2	29.0	26.7
Religious leader	3.0	2.1	2.6	0.5	0.3	0.4
Other	0.0	0.0	0.0	6.2	6.2	6.2
Don't know	0.0	0.0	0.0	5.0	6.3	5.5
Number of respondents	1,638	1,038	2,676	1,638	1,038	2,676

Table 14.20 Knowledge of source of information on adolescent reproductive health

Percentage of never-married women age 15-24 who know a place that provides information and counseling on adolescent reproductive health, and among those have heard about such place, the percentage of women by type of place that provide such services, according to background characteristics, Indonesia DHS 2023-24

Background characteristic	Percentage who knows a place that provide information and counseling on adolescent reproductive health	Number of women	Among never-married women age 15-24 who know about the place that provide information and counseling by type of place					
			Youth Information and Counseling Center (PIK-R/M)	Community Health Center with Adolescent Care Services (PUSKESMAS PKPR)	Youth center	Other	Don't know	Number of women
Age								
15-19	8.2	1,638	58.0	18.3	8.7	15.5	12.6	135
20-24	8.9	1,038	61.8	36.2	5.6	2.7	10.2	93
Residence								

Urban	9.1	1,674	59.5	30.0	9.0	2.3	14.5	152
Rural	7.6	1,002	59.7	16.7	4.3	26.3	5.8	76
Education								
No education	16.1	86	*	*	*	*	*	14
Some primary	(0.2)	31	*	*	*	*	*	0
Completed primary	1.3	48	*	*	*	*	*	1
Some secondary	6.9	994	54.6	22.4	3.0	15.3	14.5	69
Completed secondary	9.4	1,156	62.2	27.4	11.4	6.6	9.5	109
More than secondary	9.8	360	63.8	31.9	7.0	2.6	16.0	35
Wealth quintile								
Lowest	7.0	399	(61.9)	(21.4)	(4.9)	(20.1)	(0.0)	28
Second	8.4	489	(37.8)	(23.9)	(0.7)	(22.0)	(23.4)	41
Middle	6.8	513	(66.4)	(17.3)	(5.3)	(3.5)	(12.0)	35
Fourth	7.9	639	67.6	45.2	3.8	0.0	7.3	51
Highest	11.5	636	62.1	18.4	15.8	10.1	12.2	73
Total	8.5	2,676	59.5	25.6	7.4	10.3	11.6	228

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

Table 14.21 Services available in places that provide information and counseling

Among never-married women age 15-24 who know a place that provides information and counseling on adolescent reproductive health and have visited such place, percentage that found different services during the visit and percentage who report that they expect other services in that place, according to background characteristics, Indonesia DHS 2023-24

Types of services	Percentage who found different services during the visit			Percentage who report that they expect other services in that place		
	15–19	20–24	Total	15–19	20–24	Total
Information on reproductive health	(85.4)	(56.7)	72.7	(67.5)	(67.6)	67.6
Counseling	(64.1)	(45.4)	55.8	(51.9)	(49.2)	50.7
Medical check-up	(47.8)	(77.1)	60.8	(35.0)	(55.8)	44.2
STI treatment	(10.1)	(35.5)	21.3	(16.6)	(37.6)	25.9
Contraceptive methods	(8.9)	(22.9)	15.1	(10.2)	(31.5)	19.7
Other	(3.7)	(6.1)	4.8	(16.7)	(10.6)	14.0
Don't know	(0.0)	(0.0)	0.0	(6.7)	(13.2)	9.6
Number of respondents	33	26	60	33	26	60

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

Table 14.22 Knowledge on reproductive health issues

Among never-married women age 15-24 who have ever attended school, percentage who were taught about various reproductive issues, and among those who were taught, the percentage who were first taught at the level of school, Indonesia DHS 2023-24

Issues on reproductive health	Percentage who were taught at school about the reproductive health topics	Number of women	Among those who were taught at school, the level of school when they were first taught: Primary school	Junior High School	Senior High School	Academy, university	Don't know	Number of women
Taught about human reproductive system	81.8	2,590	17.1	56.3	26.2	0.3	0.1	2,118
Taught about family planning	14.9	2,590	7.6	44.8	45.5	1.7	0.4	385
Taught about HIV/AIDS	66.7	2,590	7.5	54.2	37.5	0.4	0.4	1,727
Taught about sexually transmitted infections	34.7	2,590	10.3	47.4	41.1	1.0	0.3	899
Taught about narcotics, alchohol, psychotropic drugs and other addictive substances	74.5	2,590	12.0	57.0	30.6	0.3	0.1	1,930
Number	-	2,590	-	-	-	-	-	2,299

Table 14.23 Participation in community-sponsored meeting on reproductive health

Percentage of never-married women age 15-24 who have ever attended a community-sponsored meeting on reproductive health, and among those who have attended, percentage with type of meeting attended, according to background characteristic, Indonesia DHS 2023-24

Background characteristic	Percentage who attended a community-sponsored meeting on reproductive health	Number of women	Among those who ever attended a community-sponsored meeting on reproductive health, percentage by type of meeting attended:						Number of women
			Youth group	Religious gathering	Youth family guidance/BKR	NGO	Govt. extension service	Other	
Age									
15-19	8.0	1,638	38.3	6.8	24.4	6.8	32.0	19.7	131
20-24	10.1	1,038	32.5	12.7	22.0	10.9	49.9	2.6	105
Residence									
Urban	10.1	1,674	39.8	11.1	21.2	5.2	45.6	9.0	168
Rural	6.8	1,002	25.7	5.4	28.6	17.1	25.9	19.8	68
Education									
No education	18.8	86	*	*	*	*	*	*	16
Some primary	(5.5)	31	*	*	*	*	*	*	2
Completed primary	0.4	48	*	*	*	*	*	*	0
Some secondary	6.8	994	38.4	7.8	8.1	1.6	33.2	22.0	67
Completed secondary	9.1	1,156	36.2	12.2	37.0	11.8	42.7	4.7	106
More than secondary	12.5	360	42.2	9.1	15.0	4.4	53.4	5.6	45
Wealth quintile									
Lowest	6.0	399	(26.2)	(3.7)	(8.1)	(28.8)	(22.2)	(14.0)	24
Second	6.4	489	(47.2)	(9.2)	(26.3)	(6.9)	(30.6)	(26.6)	31
Middle	6.9	513	(41.7)	(7.2)	(21.7)	(5.3)	(38.6)	(14.0)	35
Fourth	11.2	639	42.9	10.6	12.0	5.1	53.8	3.1	72
Highest	11.7	636	24.2	11.4	38.7	7.8	36.9	13.1	74

Total	8.8	2,676	35.7	9.4	23.3	8.6	40.0	12.1	236

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

Table 14.24 Cigarette smoking

Percentage of never-married women age 15-24 who are non-smokers, ex-smokers, and current smokers, according to background characteristic, Indonesia DHS 2023-24

Background characteristic	Non-smokers	Ex-smokers Smoked fairly regularly	Current smokers: Smoked fairly regularly	Current smokers: Did not smoke regularly/just tried smoking	Total	Percentage who are daily smokers	Number of women
Age							
15-19	98.5	0.5	0.1	1.0	100.0	0.1	1,638
20-24	97.7	1.1	0.0	1.2	100.0	0.0	1,038
Residence							
Urban	98.3	0.8	0.1	0.8	100.0	0.1	1,674
Rural	97.9	0.6	0.0	1.5	100.0	0.0	1,002
Education							
No education	99.1	0.9	0.0	0.0	100.0	0.0	86
Some primary	(89.6)	(0.0)	(0.0)	(10.4)	(100.0)	(0.0)	31
Completed primary	97.0	3.0	0.0	0.0	100.0	0.0	48
Some secondary	98.8	0.5	0.0	0.7	100.0	0.0	994
Completed secondary	97.9	0.7	0.1	1.3	100.0	0.1	1,156
More than secondary	98.1	1.2	0.0	0.7	100.0	0.0	360
Wealth quintile							
Lowest	97.0	0.9	0.0	2.1	100.0	0.0	399
Second	98.9	0.4	0.0	0.7	100.0	0.0	489
Middle	98.1	0.8	0.3	0.8	100.0	0.3	513
Fourth	98.5	0.7	0.0	0.8	100.0	0.0	639
Highest	98.1	0.8	0.0	1.1	100.0	0.0	636
Total	98.2	0.7	0.1	1.0	100.0	0.1	2,676

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

Table 14.25 Alcohol drinking

Percentage of never-married women age 15-24 who are non-drinkers, ex-drinkers, and current drinkers, according to background characteristic, Indonesia DHS 2023-24

Background characteristic	Non-drinkers	Ex-drinker	Current drinkers	Number of women
Age				
15-19	98.2	0.4	0.4	1,638
20-24	97.5	0.8	0.5	1,038
Residence				
Urban	97.9	0.8	0.4	1,674
Rural	98.0	0.2	0.4	1,002
Education				
No education	97.8	0.0	2.2	86
Some primary	(89.6)	(0.0)	(0.0)	31
Completed primary	100.0	0.0	0.0	48
Some secondary	98.4	0.5	0.5	994
Completed secondary	97.7	0.6	0.3	1,156
More than secondary	97.9	1.0	0.4	360
Wealth quintile				
Lowest	96.7	1.1	0.1	399
Second	98.1	0.2	1.0	489
Middle	97.6	0.9	0.4	513
Fourth	98.8	0.0	0.3	639
Highest	98.0	0.8	0.2	636
Total	97.9	0.6	0.4	2,676

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

Table 14.26 Influence others on not smoking, using alcohol, and drugs

Percentage of never-married women age 15-24 who have influenced other to not smokers, not drink alcohol, and not take drugs, according to background characteristic, Indonesia DHS 2023-24

Background characteristic	Influenced friends or others to not smoke	Number of women	Influenced friends or others to not drink alcohol	Number of women	Influenced friends or others to not take drugs	Number of women
Age						
15-19	0.6	1,638	11.0	1,638	10.1	1,638
20-24	0.7	1,038	13.2	1,038	12.2	1,038
Residence						
Urban	0.8	1,674	11.3	1,674	11.0	1,674
Rural	0.3	1,002	12.8	1,002	10.8	1,002
Education						
No education	2.2	86	15.6	86	12.3	86
Some primary	(0.0)	31	(20.1)	31	(20.1)	31
Completed primary	0.0	48	3.7	48	2.8	48
Some secondary	0.7	994	10.3	994	8.6	994
Completed secondary	0.4	1,156	11.8	1,156	11.8	1,156
More than secondary	0.6	360	15.8	360	14.3	360
Wealth quintile						
Lowest	1.1	399	11.1	399	8.3	399
Second	0.6	489	10.9	489	10.3	489
Middle	1.1	513	12.0	513	11.3	513
Fourth	0.2	639	10.8	639	8.1	639

Highest	0.4	636	14.1	636	15.5	636
Total	0.6	2,676	11.9	2,676	10.9	2,676

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

Table 14.27 Age at first date

Percent distribution of never-married women age 15-24 by specific age at first date, according to background characteristic, Indonesia DHS 2023-24

Background characteristic	Never had a boyfriend	Age at first date <12	12-14	15-17	18-19	20+	Don't remember	Total	Number of women
Age									
15-19	71.7	0.6	7.5	16.8	1.7	na	1.6	100.0	1,638
20-24	50.8	0.8	1.5	21.9	12.5	10.0	2.6	100.0	1,038
Residence									
Urban	64.4	0.9	4.0	17.9	6.4	3.7	2.8	100.0	1,674
Rural	62.3	0.3	7.2	20.3	5.1	4.2	0.7	100.0	1,002
Education									
No education	57.4	1.3	7.1	24.4	5.2	4.6	0.0	100.0	86
Some primary	(91.0)	(0.0)	(0.0)	(8.9)	(0.1)	(0.0)	(0.0)	(100.0)	31
Completed	81.5	0.0	0.0	11.7	5.5	1.3	0.0	100.0	48

primary									
Some secondary	76.3	0.8	8.7	10.8	1.5	0.7	1.2	100.0	994
Completed secondary	55.7	0.5	3.1	24.9	8.5	4.5	2.8	100.0	1,156
More than secondary	50.7	1.0	2.9	21.7	10.3	11.0	2.4	100.0	360
Wealth quintile									
Lowest	69.7	0.2	2.6	19.4	5.0	1.4	1.7	100.0	399
Second	59.3	1.1	8.1	20.0	5.0	3.0	3.5	100.0	489
Middle	60.7	0.6	4.7	23.1	6.0	3.1	1.8	100.0	513
Fourth	61.3	0.5	3.3	18.6	8.5	6.1	1.5	100.0	639
Highest	67.6	0.9	6.8	14.1	4.5	4.4	1.6	100.0	636
Total	63.6	0.7	5.2	18.8	5.9	3.9	2.0	100.0	2,676

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

Table 14.28 Dating experience

Among never-married women age 15-24 who had a boyfriend, the percentage with dating experience by age, Indonesia DHS 2023-24

	Age		
	15-19	20-24	Total
Holding hands	23.4	42.8	30.9
Embraced	7.7	19.6	12.3
Kissing lips	1.5	4.1	2.5
Touched/being touched	0.3	1.0	0.5

Number of respondents	1,638	1,038	2,676

Table 14.29 Attitude about pre-marital sex

Percentage of never-married women age 15-24 who has friends who had pre-marital sex; among those who have friends who had pre-marital sex, percentage who got motivated to have sexual intercourse; and percentage who approve of pre-marital sex for women and men, by background characteristic, Indonesia DHS 2023-24

Background characteristic	Have friends who had	Number of women	Among those who have friends who had premarital	Percent-age who approv	Percent-age who approv	Number of women

	pre-marital sex		sex		e pre-marital sex for women	e pre-marital sex for men	
			Percent-age who got motiva-ted to have sex	Number of women			
Age							
15-19	7.5	1,638	3.4	123	0.7	0.8	1,638
20-24	8.8	1,038	4.0	92	1.1	0.4	1,038
Residence							
Urban	7.9	1,674	5.3	132	1.1	0.8	1,674
Rural	8.2	1,002	1.2	82	0.5	0.5	1,002
Education							
No education	13.0	86	*	11	0.8	0.8	86
Some primary	(0.4)	31	*	0	(0.0)	(0.0)	31
Completed primary	2.7	48	*	1	1.3	1.3	48
Some secondary	6.4	994	3.0	64	0.7	0.7	994
Completed secondary	7.9	1,156	2.2	92	1.2	0.8	1,156
More than secondary	12.9	360	6.7	46	0.3	0.3	360
Wealth quintile							
Lowest	8.3	399	(2.9)	33	1.1	0.9	399
Second	7.1	489	(8.4)	35	0.3	0.6	489
Middle	8.1	513	(2.1)	41	0.9	0.8	513
Fourth	6.3	639	5.4	40	0.8	0.5	639
Highest	10.2	636	1.6	65	1.3	0.6	636
Total	8.0	2,676	3.7	214	0.9	0.7	2,676

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

Table 14.30 Reason for approving pre-marital sex

Percentage of never-married women age 15-24 who approve of someone having sexual intercourse before marriage for specific reasons, by background characteristic, Indonesia DHS 2023-24

Background characteristic	They both like to have sex	They love each other	They plan to get married	Woman is adult and knows the conse-quences	They want to show their love	Number of women
Age						
15-19	4.8	6.1	5.8	5.7	3.1	1,638
20-24	4.8	5.4	7.6	7.4	3.9	1,038
Residence						
Urban	5.0	6.3	6.8	6.8	3.3	1,674
Rural	4.4	5.0	6.0	5.5	3.6	1,002
Education						
No education	11.1	12.6	11.3	11.5	11.6	86
Some primary	(15.7)	(15.7)	(17.1)	(12.6)	(15.7)	31
Completed primary	2.6	1.7	6.4	2.4	3.3	48
Some secondary	3.0	4.8	5.0	5.0	2.6	994
Completed secondary	4.7	6.1	6.8	6.6	3.3	1,156
More than secondary	7.6	6.0	7.5	8.1	3.0	360
Wealth quintile						
Lowest	7.0	8.7	10.4	9.7	7.3	399
Second	4.7	5.6	6.0	5.8	3.1	489
Middle	3.7	5.1	4.8	5.3	3.3	513
Fourth	3.0	4.1	6.0	4.6	1.8	639
Highest	6.1	6.6	6.3	7.3	2.9	636
Total	4.8	5.8	6.5	6.3	3.4	2,676

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

Table 14.31 Influence of sexual experiences

Percentage of never-married women age 15-24 who has never had sex with their intention to have pre-marital sex, and among never-married women age 15-24, percentage who have ever advised/influenced friends/someone to have pre-marital sex, and percentage who have advised/influenced friend/someone not to have premarital sex, by background characteristic, Indonesia DHS 2023-24

Background characteristic	Among those who have never had sex		Percentage who advised/influenced someone to have pre-marital sex	Percentage who advised/influenced someone not to have pre-marital sex	Number of women
	Percentage who intends to have premarital sex	Number of women			
Age					
15-19	1.9	1,630	0.6	16.3	1,638
20-24	2.3	1,029	1.4	19.8	1,038
Residence					
Urban	1.9	1,668	0.9	16.9	1,674
Rural	2.2	991	0.9	18.9	1,002
Education					
No education	2.5	84	1.2	21.1	86
Some primary	(0.0)	27	(0.0)	(15.5)	31
Completed primary	0.0	48	0.0	6.1	48
Some secondary	1.9	994	0.5	15.6	994
Completed secondary	1.7	1,148	0.9	18.1	1,156
More than secondary	3.9	357	2.2	22.7	360
Wealth quintile					
Lowest	3.2	392	1.4	15.2	399
Second	2.4	487	1.7	14.8	489
Middle	1.6	509	0.2	19.5	513
Fourth	2.0	638	0.5	14.8	639

Highest	1.4	634	0.9	22.7	636
Total	2.0	2,659	0.9	17.6	2,676

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

Table 14.32 Attitude toward virginity

Percentage of never-married women age 15-24 by attitude about maintaining virginity and their opinion about men's attitude toward virginity of their future wife, by background characteristic, Indonesia DHS 2023-24

Background characteristic	Agrees women should maintain virginity	Thinks men value future wife's virginity	Number of women
Age			
15-19	92.7	66.8	1,638
20-24	92.5	70.6	1,038
Residence			
Urban	92.0	67.8	1,674
Rural	93.6	69.1	1,002
Education			
No education	91.7	64.3	86
Some primary	(79.0)	(28.9)	31
Completed primary	88.8	74.5	48
Some secondary	93.9	64.9	994
Completed secondary	91.4	73.4	1,156

More than secondary	94.6	64.8	360
Wealth quintile			
Lowest	93.7	64.7	399
Second	91.9	65.4	489
Middle	93.2	68.0	513
Fourth	92.2	72.2	639
Highest	92.3	69.0	636
Total	92.6	68.3	2,676

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

Table 14.33 Attitude toward abortion

Percentage of never-married women age 15-24 who know about young unmarried women who tried to abort her pregnancy or has ever aborted her pregnancy; percentage who has ever advised someone to abort a pregnancy; and percentage who have advised someone not to abort a pregnancy, by background characteristic, Indonesia DHS 2023-24

Background characteristic	Percentage who know about young unmarried women who tried to abort her pregnancy or has ever aborted her pregnancy	Percentage who has ever advised someone to abort a pregnancy	Percentage who has ever advised someone not to abort a pregnancy	Number of women

Age				
15–19	2.5	0.2	4.1	1,638
20–24	2.3	0.0	4.2	1,038
Residence				
Urban	2.6	0.1	4.6	1,674
Rural	2.0	0.2	3.4	1,002
Education				
No education	2.2	0.0	8.1	86
Some primary	(0.0)	(0.0)	(12.6)	31
Completed primary	0.0	0.0	0.9	48
Some secondary	2.2	0.0	3.7	994
Completed secondary	2.5	0.2	4.0	1,156
More than secondary	3.1	0.3	4.9	360
Wealth quintile				
Lowest	3.0	0.3	3.1	399
Second	1.9	0.2	4.0	489
Middle	1.5	0.0	4.0	513
Fourth	2.7	0.0	4.0	639
Highest	2.8	0.2	5.4	636
Total	2.4	0.1	4.2	2,676

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

APPENDIX A: TFR ASSESSMENT[3]

A

The preliminary estimate of Indonesia's Total Fertility Rate (TFR) derived from the 2023–24 Demographic and Health Survey appears to be anomalously low. This technical note presents an initial analytical exploration aimed at discerning whether the apparent decline from the 2017 estimate reflects a substantive demographic shift or is attributable, at least in part, to potential deficiencies in data quality—specifically, the underreporting of live births in the retrospective birth histories.

Upon reanalysis, the age-specific fertility rates (ASFRs) from the 2017 survey (see **Table 5.1.1**) have been recalculated with increased numerical precision. A comparative assessment with the corresponding ASFRs derived from the 2023–24 survey reveals a substantial reduction in fertility, with the TFR decreasing from 2.42 to 1.64. Such a decline—equivalent to 0.8 fewer births per woman or a relative reduction of approximately 33%—warrants critical evaluation.

age	births	exp	Rate
15-19	780.89	21625.53	36.11
20-24	2210.28	19922.07	110.95
25-29	2781.42	20134.35	138.14
30-34	2560.68	22713.93	112.74
35-39	1432.00	22713.67	63.05
40-44	413.30	21003.22	19.68
45-49	51.66	13425.14	3.85
TFR	.	.	2.42

The three-year rates from the new survey are given below:

age	births	exp	Rate
15-19	46.73	4945.66	9.45
20-24	268.34	4309.87	62.26
25-29	460.77	4297.46	107.22
30-34	402.90	4951.11	81.38
35-39	271.88	5542.35	49.06
40-44	94.22	5896.61	15.98
45-49	6.36	3524.54	1.80
TFR	.	.	1.64

[3] Thanks to Tom Pullum and Sara Riese, The Demographic and Health Surveys Program, ICF, who provide this TFR assessment.

In these tables, “exp” is total woman-years of exposure to the age intervals during the three years before the survey. The age-specific rates are calculated as the number of births per 1000 woman-years of exposure. The TFR is the estimated number of births that a woman would have during ages 15-49 if she experienced the age-specific rates observed during the reference interval of time.

A decline of the TFR from 2.42 to 1.64 in the space of 6 or 7 years would be substantial. This is a reduction of 0.8 of a child, or about one-third of the total. It is appropriate to review an apparent decline of this magnitude.

The methods for this assessment are given in two technical appendices. They lead us to the preliminary conclusion that there was indeed a substantial decline, but in combination with some omission of births in the 2023-24 survey. We believe that the estimate of 1.64 needs to be inflated by approximately 15% to account for omission. That is, we estimate a corrected TFR for the three years before the survey of 1.89. This implies that the actual decline between the surveys was 2.42 - 1.89 = 0.53, about half of a child, or 22% of the total. This is substantial but less dramatic. These numerical estimates are very tentative.

DHS does not publish adjusted estimates. We would recommend either of two options regarding publication. The first option would be to suppress the estimate entirely. However, this option implies that the birth histories would be dropped from the data files, preventing any further analysis. A second and preferred option would be to publish the new estimate (perhaps in the final report but not in the KIR), with a caveat that there is evidence of a combination of genuine decline and omission. Then, after the release of the data files, researchers in Indonesia, at DHS, and elsewhere will have an opportunity to analyze the data further and produce alternative estimates.

Some further analysis *before* the completion of the final report is also possible. That could give us a better understanding of the balance between genuine decline and under-reporting of births and could perhaps identify variation across sub-populations.

Appendix A-1. Reconciliation of children ever born and the birth histories in the 2023-24 survey

Our first approach is based on comparing (a) changes in children ever born (CEB) between the two surveys and (b) reported births in the second survey for the interval since the first survey. This is a variation on the P/F method, which compares parity distributions with fertility rates, but takes advantage of the micro data files from the two surveys. As with the P/F method, we assume that reports of CEB are accurate, and that discrepancies or inconsistencies found between CEB and the birth histories are due to errors in the birth histories.

The 2017 and 2023-24 surveys will be referred to as survey 1 and survey 2, respectively. We can define birth cohorts of women in terms of when they were born, down to the month and year of birth. Birth cohorts of women born between approximately 1973 and 2002 are represented in both surveys. No specific women appear in both surveys, but samples from the same birth cohorts, at different times and ages, appear in both surveys.

The following table shows that if the CEB values are assumed to be accurate, there is clear evidence of fertility decline. In every age group, the mean CEB was lower in the second survey than in the first. In percentage terms, the decline was greatest for age groups 15-19 and 20-24. As a numerical difference, the decline was greatest for age groups 40-44 and 45-49. The surveys were 77 months apart, so specific cohorts of women were 6 or 7 years older at the time of the second survey, and moved up 1 or 2 age groups in the age distribution at the time of the second survey.

	Survey 1			Survey 2		
age	children	women	ECB	children	women	ECB
15-19	396.07	7,500.62	0.05	22.09	1,680.59	0.01

20-24	3,312.77	6,716.24	0.49	383.31	1,497.31	0.26
25-29	8,047.48	6,643.16	1.21	1,315.81	1,353.50	0.97
30-34	13,652.57	7,154.14	1.91	2,893.75	1,672.45	1.73
135-39	18,745.33	7,864.65	2.38	3,673.98	1,749.74	2.10
40-44	19,358.85	7,093.29	2.73	4,407.10	1,962.17	2.25
45-49	19,509.37	6,654.90	2.93	3,842.59	1,779.25	2.16

Next we use the birth histories in the second survey to construct an estimate of what the mean CEB would have been at the mean date of interview in the first survey (August 2017). This is done with an individual-level analysis of the women interviewed in the second survey. For each woman, we start with her reported CEB on the date of interview, and then we subtract any births reported in the birth history after (and including) August 2017. Her age in August 2017 is calculated using her month and year of birth. In the following table, the last three columns give those estimates. There is no backdated estimate for age 45-49 in the first survey because of the upper age limit of 49 for eligible respondents in DHS surveys.

	Survey 1			Survey 2		
age	children	women	ECB	children	women	ECB
15-19	396.07	7,500.62	0.05	76.29	1,437.34	0.05
20-24	3,312.77	6,716.24	0.49	761.23	1,424.49	0.53
25-29	8,047.48	6,643.16	1.21	1,875.34	1,659.51	1.13
30-34	13,652.57	7,154.14	1.91	3,128.80	1,815.82	1.72
135-39	18,745.33	7,864.65	2.38	3,993.56	1,978.84	2.02
40-44	19,358.85	7,093.29	2.73	2,584.98	1,225.17	2.11
45-49	19,509.37	6,654.90	2.93	-	-	-

If the two surveys were in perfect agreement, the two CEB columns given above would agree exactly. We see close agreement for the younger ages, but the second survey has a shortfall in the mean CEB that increases with age. This can be traced to insufficient numbers of births in the birth histories in the second survey to achieve an exact match. In terms of birth cohorts, the appearance of omission of births from the birth histories increases somewhat with age.

We can use the method of poisson regression to estimate the level of omission, classifying women by age at the time of the survey as in the table above. The model includes a coefficient for whether the estimate comes from survey 1 or from survey 2 (backdated), adjusting for the number of women and the ages of the women. The Stata command is "poisson births i.source i.age, offset(logwomen)", where "source" is the 2017 survey or the backdating of the 2023-24 survey. The coefficient for "source", on the log scale, is estimated to be -.1430 and is highly significant (p<.0001).

The coefficient implies that in order to achieve equality in the CEB columns of this table, the backdated children would have to be inflated by a factor of exp(.1430) = 1.1537 or 15.4%. Converting this to an omission rate, we estimate that 13.33% of the births that should have appeared in the birth history were omitted. The adjusted TFR would be 1.64*1.1537 = **1.89**.

The Colombia surveys are of excellent quality and are sometimes used to validate methods to check for data quality issues. When this approach is applied to the two most recent surveys in Colombia (2010 and 2015) the estimated omission rate is -0.4%, with a 95% confidence interval (-1.6%, 0.8%) that includes 0. That is, there is no evidence at all of omission of births in the Colombia 2015 survey as we would expect.

When the meethod is applied to the two most recent surveys in the Philippines (2017 and 2022), the estimated omission rate is 2.2% of births, with a confidence interval (0.7%, 3.6%). The three-year TFR in the 2022 survey was estimated to be 1.95, a major decline from the 2017 survey. If this estimate is inflated to offset the omission, the adjusted value would be 1.95*1.022 = 1.99, a negligible change.

Using a similar strategy we will structure the data in the two surveys by birth cohort, for 30 birth years 1973 through 2002, inclusive, rather than by age. The frequencies are given below. The column headed "women" gives the number of women with each year of birth, as reported in the second survey. The column "nbirths1" gives the product of "women" times the mean CEB reported for each cohort in the first survey. The column "nbirths2" gives the product of "women" times the mean CEB reported for each cohort in the second survey—that is, "nbirths2" is the numerator of the CEB—backdated to August 2017 using the birth histories in the second survey. There is evidence of under-reporting of births in the second survey, relative to the first survey, when "nbirths2" is less than "nbirths1". For a few birth cohorts, such as the women born in 1990 and 1995, "nbirths2" is *greater than* "nbirths1", but for most years there appears to be underreporting. The sum of "nbirths1" is 14,316 and the sum of "nbirths2" is 12,459.

Again, we use Poisson regression to assess the difference between these two numbers of births, taking account of the number of women in each birth cohort and adjusting for potential differences between cohorts. The coefficient for omission is -.1389, which is highly significant ($p<.0001$) and is very similar to the coefficient obtained earlier (-.1430). This leads to an estimated omission rate of 12.97% (10.86%, 15.04%). The inflation factor to recover the omitted births is exp(.1430) = 1.1491. When this is applied to the calculated TFR of 1.64, the inflated estimate rounds to **1.88**, almost exactly the same as 1.89.

It is important to note that this approach to omission is based on comparing current status data from the first survey with retrospective data from the second survey, backdating the birth history to the mean date of the first survey. We assume that omission in the birth histories in the second survey was consistent over time—that is, was the same for births that occurred since August 2017 as for births that occurred before August 2017. It is possible that the probability of omission was actually lower for more recent births; if so, the adjustment would be smaller and the adjusted estimate would be closer to the calculated value of 1.65. Note also that we are describing *relative* omission. It is possible that the 2017 survey, which we take as a benchmark, was also subject to some omission of births.

Finally, there are challenges in a comparison of birth histories with CEB because DHS surveys do not collect them independently of each other. Within a specific survey, there is a forced consistency, such that the number of children ever born always matches with the number of entries in the birth history. In the methods used here, we get leverage by comparing two surveys for the same period of time and/or the same birth cohorts of women. Without that leverage, working with just one survey, it is virtually impossible to quantify omission.

cohort	women	nbirths1	nbirths2
1973	5.46	15.06	14.37
1974	258.05	721.60	555.16
1975	367.38	1,019.20	769.12
1976	305.53	801.53	711.26
1977	398.03	1,036.62	763.30
1978	387.73	996.62	797.71

1979	351.76	841.93	697.53
1980	484.04	1,159.29	982.79
1981	346.85	770.92	681.88
1982	400.17	894.16	795.68
1983	382.63	792.18	733.61
1984	347.47	691.03	600.67
1985	412.42	790.99	699.22
1986	354.48	619.97	558.77
1987	317.34	511.79	482.54
1988	340.63	500.80	451.53
1989	337.60	439.79	376.58
1990	314.22	367.69	392.22
1991	293.66	292.54	282.88
1992	354.86	318.05	320.92
1993	355.20	260.99	280.22
1994	259.71	148.92	122.11
1995	273.18	121.19	164.91
1996	242.25	75.90	76.76
1997	292.92	61.91	74.07
1998	298.39	37.28	38.87
1999	253.09	17.58	16.92
2000	299.87	7.11	10.20
2001	276.99	2.15	4.77
2002	320.56	1.35	2.39

Appendix A-2. Relevant figures from a standard Data Quality Review

DHS has several approaches to assessing data quality in new surveys. A Data Quality Review (DQR) is always run on new survey data. DHS examines data quality issues in the birth history by comparing estimates of fertility change using just the most recent survey with estimates using two successive surveys.

Fertility is measured with age-specific rates and the TFR. When there are two successive surveys, as in the current situation, the width of the reference period is the time interval between the surveys. The difference between the mean dates of interview for the two Indonesia surveys is 77 months. The age- specific rates are for ages 15-19, 20-24, 25-29, 30-34, and 35-39, and the TFR refers to ages 15-39. The highest age is 39, rather than 49, because ages 40-49 are under-represented in retrospective comparisons.

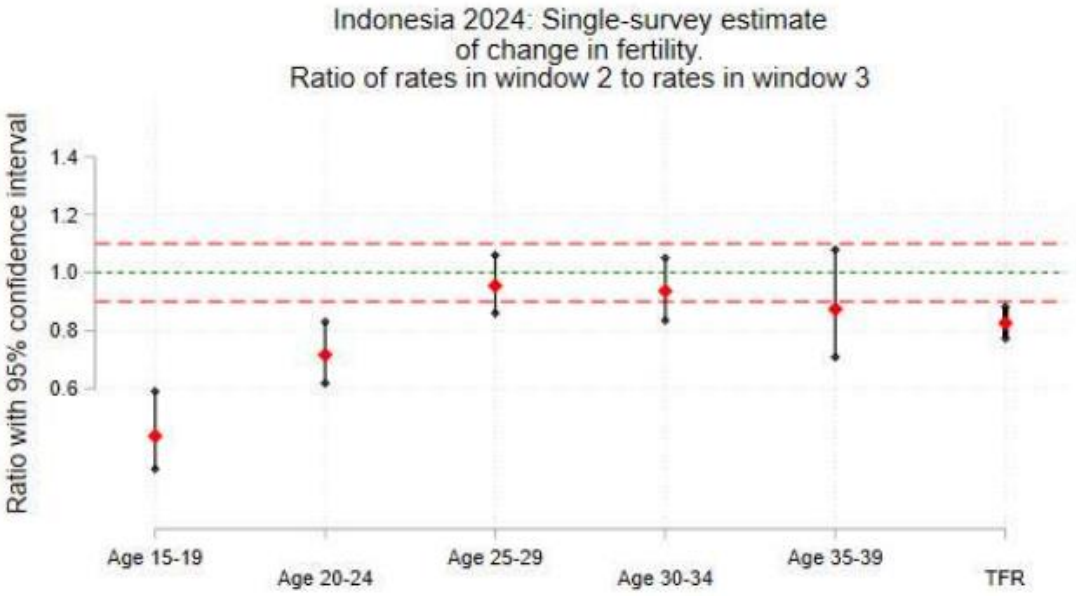
We construct rates for three windows of time. Window #1, calculated for survey 1, is the 77 months before the month of interview in survey 1. Window #2, calculated for survey 2, is the 77 months before the month of interview in survey 2, covering the full interval between the two surveys. Window #3 is calculated with the birth histories in survey 2, for the 77 months before Window #2, matching approximately with the same interval of time as Window #1. Generically, the rates from the three windows are referred to as R1, R2, and R3, respectively.

The first figure below gives the ratio R2/R3 to describe change over time using just survey 2. If there has been decline in fertility, then R2/R3 will be less than 1. The figure has a green horizontal line at 1 and dashed red lines at .9 and 1.1, corresponding to a decline of 10% or an increase of 10%. The red dots give the point estimates of the ratios and the vertical black lines represent 95% confidence intervals. The figure shows that, according to survey 1, all the rates declined, and the rates for age 15-19 and 20-24 and the TFR declined by an amount that was significantly more than 10%

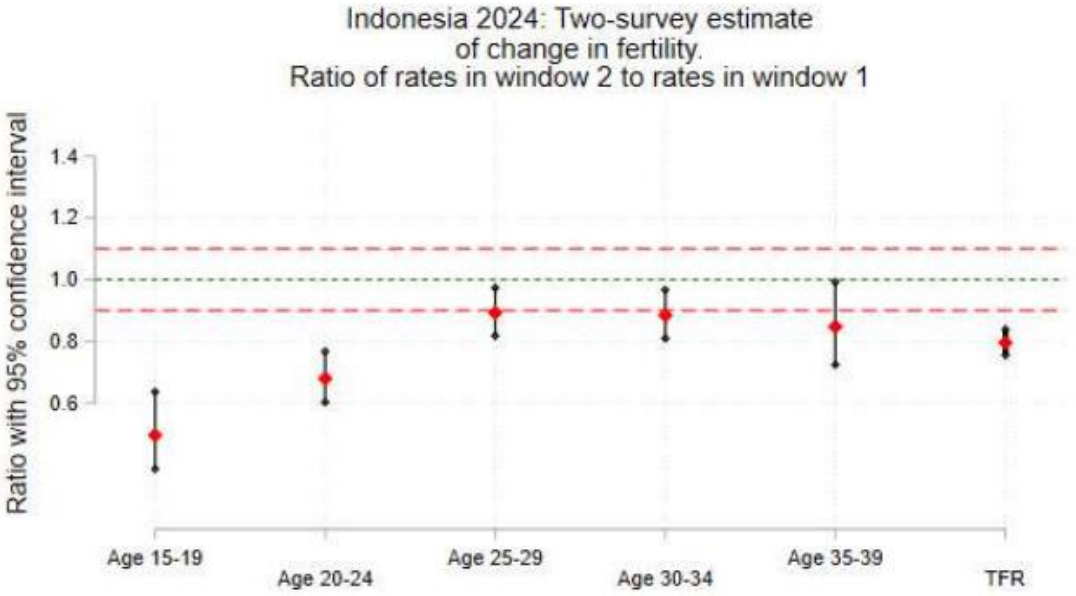
The second figure gives the ratio R2/R1. The numerator rate for the past 77 months comes from survey 2, but it is compared with a denominator rate for the previous 77 months that comes from survey 1. We look for correspondences between the second figure and the first figure, which would imply that the one- survey and two-surveys approaches to change yield the same inferences. When data quality is poor, we do not see a close correspondence. Here, the first and second surveys agree closely.

The third figure quantifies the correspondence between the first two figures with a ratio of ratios, (R2/R1)/(R2/R3) =R3/R2. This is the ratio of the fertility rates from the second survey to the corresponding rates from the first survey for the same interval of time, the 77 months before the first survey. Except for age 15-19, we see that the point estimates from the second survey are below those from the first survey.

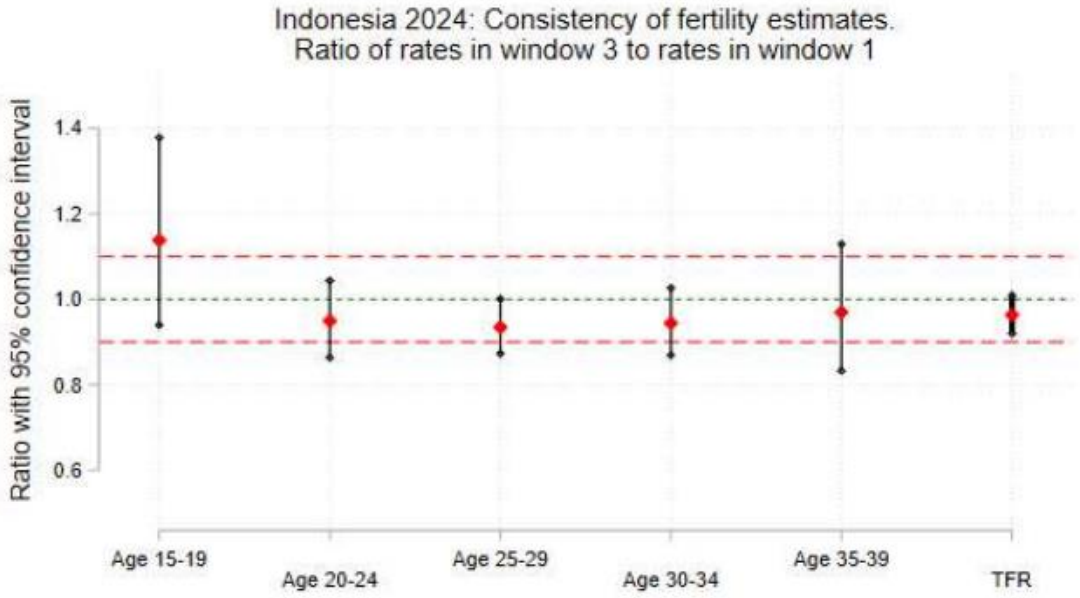
These three figures, as a group, imply that fertility has genuinely declined considerably in Indonesia, especially for ages below 25 and for the TFR. However, because the rates from the second survey are somewhat lower than those from the first survey for the period of overlap before the first survey, there may be some omission in the second survey that has exaggerated the amount of decline. This interpretation is consistent with what was seen in Appendix A-1.



Ratios significantly different from 1 and outside a range from 0.9 to 1.1 imply genuine change. TFR is for age 15-39.



Ratios significantly different from 1 and outside a range from 0.9 to 1.1 imply genuine change. TFR is for age 15-39.



Ratios significantly different from 1 and outside a range from 0.9 to 1.1 imply inconsistency. TFR is for age 15-39.

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The 2023–2024 IDHS provides a comprehensive overview of key indicators related to population, family planning, reproductive health, and maternal and child health in Indonesia. The target respondents were women aged 15–49 years. Conducted across all 43provinces, the survey collected detailed data on socioeconomic status, fertility, contraceptive use, maternal care, child immunization, child health and nutrition, marriage and social dynamics, fertility preferences, as well as knowledge and attitudes related to stunting, HIV/AIDS, and other health-related issues.In a spirit of innovation, BRIN introduced a new approach by engaging university students and recent graduates as young enumerators to participate directly in data collection. Moreover, this is the first IDHS to incorporate digital technology throughout its implementation. Data collection was conducted using the CSPro application, while enumerator training was facilitated through BRILIANT—BRIN's Learning Management System which conducted online. To ensure data quality, BRIN implemented real-time monitoring through an online dashboard, along with secondary data editing and limited random field verification.In the data processing phase, BRIN collaborated with a wide range of experts and stakeholders, including our own researchers, international experts from the DHS Program, academic experts in population and public health, and representatives from BKKBN, the Ministry of Health, BPS, and Bappenas.

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