Indonesia

Young Adult Reproductive Health Survey 2002–2003

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Jakarta, Indonesia

National Family Planning Coordinating Board
Jakarta, Indonesia

Ministry of Health
Jakarta, Indonesia

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Calverton, Maryland USA

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This report summarizes the findings of the 2002-2003 Indonesia Young Adult Reproductive Health Survey (IYARHS) carried out by Badan Pusat Statistik (BPS-Statistics Indonesia). The IYARHS is part of the worldwide Demographic and Health Surveys program, which is designed to collect data on fertility, family planning, and maternal and child health.

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ACRONYMS

BKKBN	Badan Koordinasi Keluarga Berencana Nasional (National Family Planning Coordinating Board)
BPS	Badan Pusat Statistik (BPS-Statistics Indonesia)
IDHS	Indonesia Demographic and Health Survey
PKBI	Perkumpulan Keluarga Berencana Indonesia (Indonesian chapter of the International Planned Parenthood Federation)
Susenas	Survei Sosial-ekonomi Nasional (National Socio-economic Survey), national-level survey conducted by BPS annually
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

SUMMARY OF FINDINGS

FERTILITY

Most unmarried women and men in Indonesia live with their parents before they are married; three in four women (74 percent) and eight in ten men live in households headed by their parents. Younger respondents are more likely than older respondents to live with their parents. Many households in Indonesia include extended families; 10 percent each of unmarried women and men are relatives of the household head and 7 percent of women and 2 percent of men are unrelated to the household head.

CURRENT ACTIVITY

Women are more likely to be in school only, whereas men are more likely to be working only. As expected, younger respondents are more likely to be in school, while older respondents are more likely to be working. Urban respondents are more likely to be in school than rural respondents, whereas rural respondents are more likely to be working than urban respondents. Better-educated respondents are more likely to be in school only, whereas those with less education are more likely to be working only.

A group of adolescents who deserves a special attention are those who are neither going to school nor working (21 percent of women and 13 percent of men). This group is more likely to be found among rural women (28 percent) and urban men (14 percent).

EXPOSURE TO MASS MEDIA

By far, the most popular mass media among adolescents is television, with 88 percent of women and 86 percent of men report watching television at least once a week. Twenty-eight percent of women and 27 percent of men listen to the radio at least once a week, watch television at least once a week, and read a newspaper or magazine at least once a week, and only 8 percent or less are not exposed to any of these three media. In general, older respondents, those living in urban areas, and those with secondary or higher education are the most likely to be exposed to the media.

EDUCATION

Most survey respondents have attended formal education. Only 6 percent of women and 7 percent of men have not completed primary education and about one in three women and men have completed secondary education. Urban respondents tend to have better education than rural respondents.

Literacy is almost universal among young adults in Indonesia; urban respondents are only slightly more likely than rural residents to be literate.

KNOWLEDGE AND EXPERIENCE OF SIGNS OF PUBERTY

Knowledge of young adults about physical changes as a girl and a boy moves into adulthood was investigated in the survey. For changes in a boy, the most reported change by both female and male respondents is the change in voice and development of muscles and growth of facial hair. For physical changes in a girl, growth in breasts is a common knowledge among female and male respondents. Women are more likely than men to mention menstruation (70 percent of women compared with 37 percent of men). Few respondents mention increase in sexual arousal as one of the signs of adolescence in a girl or in a boy.

Less than 1 percent of female respondents have never menstruated. A small proportion (4 percent) had their first menstruation before age 12. By age 15, practically all women have menstruated. Younger women start to have their period at an earlier age than older women. For example, 88 percent of women age 15 have menstruated at age 14, compared with 75 percent of 24 year olds.

Two percent of men had their first wet dream before age 12. By age 15, 68 percent of men have had their first wet dream, and by age 17, practically all men reported having had wet dreams. Younger men experienced their first wet dream earlier than older men. For example, 59 percent of men age 15 have had

a wet dream by age 14, compared with 29 percent of 24-year olds.

Discussion on Reproductive Health Topics

Discussion of topics related to reproductive health among young adults is not common; 13 percent of female respondents and 22 percent of male respondents never discussed reproductive health with anyone. The majority of the respondents who discussed reproductive health issues talked with their peers (74 percent of women and 69 percent of men). Women talk with family members and relatives on reproductive health more than men; 49 percent of women talked to their parents and 33 percent talked to their siblings, compared with 13 percent and 15 percent of men, respectively.

The role of teachers in imparting knowledge about reproductive health is significant; 32 percent of women and 30 percent of men said that they discussed these issues with their teachers. It is not clear whether the respondents actually discussed the topic with their teachers or received the information as part of class instructions. Health service providers and religious leaders play a less significant role as a source of information on reproductive health. Overall, for both women and men, younger, rural and less educated respondents are less likely than other subgroups of respondents to discuss reproductive health with anyone.

Family Planning

Knowledge of family planning. Knowledge of contraceptive methods among unmarried young adults in Indonesia is widespread (95 percent of women and 91 percent of men). Virtually all respondents who have heard of at least one contraceptive method have heard of modern methods. Unmarried women and men are only slightly less knowledgeable about family planning compared with currently married women 15-49 and currently married men 15-54 interviewed in the 2002-2003 Indonesia Demographic and Health Survey (IDHS).

The most commonly known methods among unmarried women are injectables and the pill (90 percent each), followed by the male condom (77 percent). For unmarried men, the most commonly known methods are condoms (86 percent), the pill (79 percent), and injectables (67 percent). Older women and men (age 20-24) are more likely to know family planning methods than their younger counterparts (age 15-19).

Intention to use family planning. In the 2002-2003 IYARHS, respondents were asked if they intended to use a method at any time in the future. Overall, 85 percent of women and 81 percent of men express their intention to use a method of family planning in the future. While the majority of respondents want to use a modern method (84 percent of women and 79 percent of men), their preferred methods differ. Most of the women who intend to use contraception in the future prefer to use injectables or the pill (39 percent and 36 percent, respectively), while the most popular method for men is condom, mentioned by 68 percent of the respondents.

Knowledge of fertile period. The success of periodic abstinence as a family planning method depends on women and men's understanding of the monthly cycle and the days when a woman is most likely to conceive. Therefore, basic knowledge of the mechanisms of reproduction including the women's monthly fertile cycle is important. Knowledge about the fertile period is deficient among young adults in Indonesia; less than one in three gave the correct response that a woman has the greatest chance of becoming pregnant in the middle of her ovulatory cycle.

Family planning services for adolescents. Currently, family planning services that are available to adolescents in Indonesia offer a wide range of information, education, and counseling. However, provision of contraceptive methods to unmarried persons is not part of the national family planning program. In the 2002-2003 IYARHS survey, one in four women say that family planning services should be provided to unmarried adolescents. More than half of women who think that family planning services should be available to adolescents want to get information about family planning and 15 percent of those who want to have family planning methods available to adolescents want to have the pill be provided to unmarried adolescents if they need it.

Male respondents are less likely than female respondents to agree that family planning services should be available to unmarried adolescents; 41 percent of men think that information on family planning should be available to unmarried young people. For men, the most important contraceptive method which

should be provided is condom (20 percent), followed by the pill (6 percent). Two contraceptive methods, the pill and condoms, are the most often mentioned methods by both women and men, probably because they are more accessible in terms of price and availability.

Younger, urban, and better-educated women are more likely to think that information on family planning should be provided to unmarried adolescents than other women. However, with regard to provision of specific methods, less-educated women are more likely to agree that specific methods should be provided to unmarried adolescents. For example, 28 percent of women with no education want to have injectables be available to unmarried young women, compared with 2 percent of women who completed secondary school.

KNOWLEDGE OF HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS (STIS)

Knowledge of HIV/AIDS. Nine in ten women and eight in ten men have heard of AIDS and the majority (67 percent of women and 64 percent of men) say that AIDS can be avoided. Older respondents, those who live in urban areas, and those who are better educated are more knowledgeable about HIV/AIDS than other respondents. The most significant difference in knowledge is by the respondent's education. For example, nine in ten women with secondary or higher education believe that there is a way to avoid getting the disease compared with two in ten (22 percent) of women with no education.

Source of knowledge of HIV/AIDS. By far, television is the most important media for obtaining information about HIV/AIDS, with eight in ten women and men reporting having heard of AIDS from television. Health professionals on the other hand, are not cited as a common source of information on AIDS (3 percent and 5 percent among unmarried women and men, respectively).

Knowledge of STIs. The IYARHS respondents were asked if they have heard of other STIs, and whether they could name the infections. Two in three women mentioned syphilis and 27 percent cited gonorrhea. Knowledge among men shows a different pattern; men are more likely than women to mention syphilis (86 percent), while only 28 percent cited gonorrhea. A large proportion of the respondents mentioned other infections that could not be classified by any of the categories used in the survey.

KNOWLEDGE ABOUT ANEMIA

Four in five women and six in ten men report to have heard of anemia. The majority of these respondents (81 percent of women and 74 percent of men) say that anemia is a blood deficit (kurang darah), which is the most widely used term to identify anemia in Indonesia. A large proportion of the respondents are unable to identify the cause of anemia. Among those who give valid responses, about half cite lack of various dietary intakes as reasons for being anemic. More than half of the respondents say that anemia should be treated by taking pills to "increase blood" (pil tambah darah). A much lower proportion of respondents mention taking iron tablets (11 percent of women and 14 percent of men).

ATTITUDES ABOUT VIRGINITY, MARRIAGE, AND CHILDREN

Virginity. Both women and men regard virginity for a woman highly (98 percent each). This perception does not vary much by age or residence, although women and men with no education are slightly less likely to agree about virginity than educated respondents.

Marriage. In general, men think that women should marry at an earlier age than women do. For example, while 63 percent of women think that the ideal age at marriage for a woman is 24 years or younger, the corresponding proportion for men is 77 percent. Level of education for men and women does not have a clear association with ideal age at marriage for women. Most respondents, regardless of gender, agreed that men should marry at age 25 or older. Urban men think that men should marry at an older age than rural men.

Decisions about marriage. A high proportion of respondents say that they alone will decide whom to marry (63 percent of women and 72 percent of men). Thirty-three percent of women and 25 percent of men say that their parents and they themselves will decide on whom they will marry. Parents' role in determining the future spouse is small, few respondents report that their parents alone will decide on their future spouse (4 percent of women and 3 percent of men).

Among women, older respondents are slightly more likely than younger respondents to say that they

are going to make the decision on whom they will marry themselves (64 percent compared with 60 percent). On the other hand, younger men are less likely than older respondents to make this decision themselves (69 percent compared with 76 percent).

Premarital sex. Acceptance of premarital sex is low. In general, women are less likely than men to accept premarital sex and premarital sex is more acceptable for men. Younger respondents and respondents living in rural areas are more open to premarital sex than other respondents. However, the most significant variation is found among women across educational subgroups; women with no education are more than four times more likely to accept premarital sex for women and men than their educated peers.

The 2002-2003 IYARHS respondents report that under certain circumstances, such as if the couple plan to marry each other, if the couple like or love each other, or if they know the consequences, premarital sex is permitted. In general, men have higher acceptance of premarital sex. Six in ten men say approve premarital sex if the couple like sex, love each other, or plan to marry, and more than half of men accept premarital sex if the couple want to show their love to each other. Younger men (age 15-19) are consistently more likely than older men (age 20-24) to accept premarital sex for any reason specified in the survey.

Sexual intercourse. Less than 1 percent of women and 5 percent for men admitted openly that they have had sexual intercourse. As expected, older men are more likely to report having had sex. While peer pressure has been assumed to be the strongest force behind adolescents having sex, only one out of seven men say that they feel pressured by their friends to have sex. The strongest motivation reported by men is because they like the person they had sex with (four in ten men) and curiosity (three in ten men).

Preference for children. Overall, men and women at all ages want the same number of children; the ideal number of children for women is 2.6 children compared with 2.7 children for men. Comparison with ever-married women and men shows that unmarried women and men are as likely as their married peers to want small families.

Decisionmaker on number of children. Most of the respondents think that husband and wife together should decide on the number of children they would have. Individual decisions are not popular among both women and men. For instance, the percentage of respondents who think that a wife alone should decide the number of children is only 2 percent among women and one percent among men.

Less educated respondents are more likely to think that the husband alone should decide on the number of children a couple would have. This is particularly true among men. For example, while 11 percent of men with no education think that the husband should make this decision, the corresponding proportion for men who completed secondary school is 6 percent.

DATA SOURCE

Data presented in this report come from the 2002-2003 IYARHS implemented by Badan Pusat Statistik (BPS-Statistics Indonesia) in collaboration with the National Family Planning Coordinating Board (BKKBN) and the Ministry of Health, with technical assistance provided by ORC Macro. This survey is funded by the United States Agency for International Development (USAID) through ORC Macro.

The 2002-2003 IYARHS sample covered 1,815 unmarried women and 2,341 unmarried men. These respondents were identified in households covered in the 2002-2003 Indonesia Demographic and Health Survey (IDHS). The IYARHS sample was designed to provide estimates at the national level. For this purpose, 15 provinces were covered in the 2002-2003 IYARHS: Riau, South Sumatera, Lampung, DKI Jakarta, West Java, Central Java, DI Yogyakarta, East Java, Banten, West Nusa Tenggara, West Kalimantan, South Kalimantan, North Sulawesi, South Sulawesi and Gorontalo.

INTRODUCTION 1

1.1 BACKGROUND

Adolescence has been defined in various ways. Basically, it marks the transition from childhood to adulthood. The World Health Organization (WHO, 1975) defines adolescence to include physical, mental, and socioeconomic progression. Physically, secondary sex characteristics change to sexual and reproductive maturity. Adult mental processes and adult identity are developed during adolescent years. Economically, this is the time when a transition from total socioeconomic dependence to relative independence takes place. This is also a critical stage in life, when major decisions regarding career and roles in life are being made and preparatory activities are undertaken (Raymundo et al., 1999).

Age has been used to distinguish the adolescents according to their physical development, such as early adolescence (age 10-14), middle adolescence (age 15-19), and young adulthood (age 20-24) (James-Traore, 2001). While WHO defines adolescence to cover all persons age 10-19 (WHO, 1975), the Indonesia Ministry of Health redefined this group to include only unmarried persons age 10-19.

For adolescent reproductive health (ARH) purposes, it was desirable to include youth age 10-19 in the survey; however, a decision was made to focus on unmarried women and men age 15-24, to ensure a sufficient number of respondents for risk behavior related to smoking tobacco, drinking alcoholic beverages, using drugs, and engaging in sexual relations. Therefore, in this survey, the terms "adolescents," "young people," and "young adults" are used interchangeably to refer to unmarried women and men age 15-24. In *Bahasa Indonesia,* the term is translated as *remaja*.

Interest in adolescents in Indonesia stemmed partly from the fact that young women and men compose a growing proportion of the population; one in five Indonesians belong to the 15-24 age group. In number, they increased from 35 million in 1980 to more than 40 million in 2000 (BPS, 1992; BPS, 2001). Among the 40 million youth age 15-24, 13.4 million women and 17.3 million men have never married (Table 1.1). This is the population that is the focus of this survey. The population of Indonesia can be classified as "young," with a large proportion being in the younger age groups. In 2000, 21.1 million people were age 15-19, and 19.3 million were age 20-24. The large size of this population has a built-in momentum for population growth. When the young population reaches reproductive age, the result will be a high population growth rate for some years to come.

Numerous small-scale studies have been carried out in Indonesia to measure the knowledge, attitudes, and behavior of young people with respect to basic hygiene, health, human reproductive system, and exposure to information on these subjects. These studies vary in geographic coverage, focus, and age range. They reveal that government efforts on the provision of health information to adolescents have focused on classes in basic hygiene and health in primary and middle level education. Few activities have been geared to students at higher education levels and outside the formal education system (Ministry of Health et al., 2001).

Currently, five government agencies in Indonesia are entrusted with the task of addressing the needs of the youth. They include the Ministry of National Education, the Ministry of Health, the Ministry for Social Affairs, the Ministry for Religious Affairs, and the National Family Planning Coordinating Board (BKKBN). Many nongovernmental organizations (NGOs) have been active in providing information, education, and counseling to young people in Indonesia since 1986.

Table 1.1 Population size

Percent distribution of the population age 15-24 by age, sex, and marital status, according to urban-and rural residence, Indonesia 2000

Age, sex, and marital status	Urban		Rural		Total	
	Number	Percent	Number	Percent	Number	Percent
Males 15-19						
Never married	4,532,075	97.3	5,790,534	96.6	10,322,614	96.9
Ever married	123,947	2.7	202,792	3.4	326,734	3.1
Total	4,656,022	100.0	5,993,326	100.0	10,649,348	100.0
Males 20-24						
Never married	3,627,290	80.1	3,223,545	68.5	6,850,835	74.2
Ever married	901,624	19.9	1,485,005	31.5	2,386,629	25.8
Total	4,528,914	100.0	4,708,550	100.0	9,237,464	100.0
Females 15-19						
Never married	4,444,660	91.7	4,661,161	82.4	9,105,821	86.7
Ever married	401,115	8,3	993,233	17.6	1,394,348	13.3
Total	4,845,775	100.0	5,654,394	100.0	10,500,169	100.0
Females 20-24						
Never married	2,716,900	55,8	1,603,618	31.1	4,320,518	43.1
Ever married	2,148,999	44,2	3,551,120	68.9	5,700,119	56.9
Total	4,865,899	100.0	5,154,738	100.0	10,020,637	100.0

Source: Population of Indonesia: Results of the 2000 Population Census, Badan Pusat Statistik catalog #2117, 2001, Tables 3.1-3.6.

Existing programs undertaken by NGOs and international private voluntary organizations are limited in scope, and their sustainability is not guaranteed. A task force on ARH was established with the Ministry of National Education as the leading institution. The task force has not functioned fully, especially in the era of decentralization, where each district is expected to define and carry out its respective programs. Therefore, guidelines are needed for districts to train health personnel in providing services to meet the needs of adolescents, develop curricula in each level of education, and network and share information among agencies working in the adolescent health area.

1.2 National Population and Health Programs for Adolescents

Recognizing the magnitude of this group as well as the issues associated with it, the government of Indonesia joined countries in Asia and the Pacific region in considering adolescent health as a major concern (ESCAP, 2001:45). However, the concern was not followed by relevant actions. Furthermore, while many adolescent reproductive health programs were developed, none have a national coverage. In the aftermath of political and economic crises of 1997-1998 in Indonesia, social and health issues of school-age children were not high on the agenda of the government of Indonesia and did not attract the interest of either politicians or legislative members.

In the National Development Program (Program Pembangunan Nasional/Propenas) 2000-2004, ARH is one of the government programs in the sociocultural development sector (Republik Indonesia, 2000). The objective of this program is to enhance the knowledge, attitude, and behavior of adolescents in reproductive health. Five main targets of the national ARH policies initiated in 2001 are:

1. To decrease the number of population who marry young
2. To increase understanding of adolescent reproductive health
3. To reduce the incidence of teenage pregnancies
4. To reduce the incidence of premarital pregnancies
5. To increase knowledge of sexually transmitted infections (STIs) among youth.

Programs are also being developed to increase the knowledge of youth on infectious diseases, including acute respiratory infections, diarrhea, tuberculosis, and malaria. Furthermore, programs are being developed to improve knowledge on mental health, neurosis, psychosis, and the use of illicit and addictive drugs (Sahanaya, 2002). The policy was implemented using a clinic-based approach and a community-based approach. The first approach was developed by Perkumpulan Keluarga Berencana Indonesia (PKBI), the Indonesian chapter of the International Planned Parenthood Federation, which operates through youth centers. Services in these centers include counseling, group discussions, hotline and medical services, and training in personal development. The second approach, which is preferred by the government, relies on a referral system to handle problems.

1.3 OBJECTIVES OF THE SURVEY

In the absence of a national picture of the situation of adolescents in Indonesia, the primary objective of the 2002-2003 Indonesia Young Adult Reproductive Health Survey (IYARHS) is to provide policymakers and program managers with data on knowledge, attitudes, and behavior of young adults about human reproduction, relationships, HIV/AIDS and other sexually transmitted infections. Being the first nationally representative survey of this kind in Indonesia, findings of the survey will also provide program managers with baseline data on these issues.

Specifically, the 2002-2003 IYARHS was designed to:

- Measure the level of knowledge of young adults about reproductive health issues
- Examine the attitudes of young adults on various issues in reproductive health
- Measure the level of tobacco use, alcohol consumption, and drug use
- Measure the level of sexual activity among young adults
- Explore young adults' awareness of HIV/AIDS and other sexually transmitted infections.

1.4 ORGANIZATION OF THE SURVEY

The 2002-2003 IYARHS was implemented by Badan Pusat Statistik (BPS-Statistics Indonesia) with funding from the United States Agency for International Development (USAID), through ORC Macro, which provided technical assistance.

1.4.1 Sample Design and Implementation

The 2002-2003 IYARHS is a subsample of the 2002-2003 Indonesia Demographic and Health Survey (IDHS), which was also implemented by BPS (BPS-Statistics Indonesia and ORC Macro, 2003). The IYARHS sample covered 1,815 unmarried women and 2,341 unmarried men. The respondents were identified in the 2002-2003 IDHS Household Questionnaire. The IDHS sample was drawn from a frame of census blocks (CBs) developed for the 2002 National Socioeconomic Survey (Susenas), for which a household listing had been conducted. The list includes all private households, which are defined as a person or a group of persons who usually sleep in the same housing unit and have a common arrangement for the preparation and consumption of food. People who live in institutional households such as dormitories and military barracks are not listed, and hence have no chance of being included in the survey.

The IYARHS sample was stratified to yield reliable estimates at the national level. The remaining 26 provinces included in the Susenas are grouped in six strata: two in Sumatera and one each in Java, Nusa Tenggara, Kalimantan, and Sulawesi. In Sumatera, the provinces are grouped according to their level of risk in the use of tobacco, use of alcohol, and sexual behavior. Those with high risk, Nanggroe Aceh Darussalam, North Sumatera, and Riau, form a stratum. The remaining provinces in Sumatera form another stratum. Because of the small size of Bangka Belitung province relative to South Sumatera, from which it was split off, Bangka Belitung was omitted from the IYARHS. All of the provinces in Java were included in the survey. In other strata, the number of provinces to represent the stratum is determined, and within each stratum, provinces are selected with probability proportional to their population size. Fifteen provinces are covered in the 2002-2003 IYARHS: Riau, South Sumatera, Lampung, DKI Jakarta, West Java, Central Java, DI Yogyakarta, East Java, Banten, West Nusa Tenggara, West Kalimantan, South Kalimantan, North Sulawesi, South Sulawesi, and Gorontalo.

A total of 1,592 CBs were selected for the IDHS, of which 364 CBs were selected for the IYARHS. Twenty-five households were selected from each CB to be interviewed in the survey. The IDHS field teams visited these households and identified all unmarried women and unmarried men age 155-24 living in the households. These women and men are eligible for individual interviews in the IYARHS. The IDHS teams copied the identification of eligible respondents to a specially designed form, which was passed on to the IYARHS teams. The IYARHS teams visited only households in which there were eligible respondents.

In the 2002 Susenas, the Papua province was represented only by its capital, Jayapura City. Because of interest in obtaining data on high-risk behavior in terms of HIV/AIDS infections, the 2002-2003 IYARHS included Jayapura as a separate domain.

Findings of the 2002-2003 IYARHS are presented in two volumes: one for Indonesia and one for Jayapura City. This report presents the results of the IYARHS in Indonesia, excluding Jayapura City. The findings are based on data that were weighted to account for differential sampling probabilities and nonresponse at both the household and individual levels.

1.4.2 Pretest Activities

BPS pretested the questionnaire, control forms, and manuals in two provinces, West Java and South Kalimantan, in August 2002. In addition to testing the survey instruments, the pretest was aimed at testing the survey methodology and field operations.

Six interviewers participated in the pretest, three in each province. This staff formed two teams, consisting of one supervisor, one male interviewer, and one female interviewer. The training for the pretest lasted for ten days and was followed by a field pretest. The training was conducted following standard Demographic and Health Surveys training procedures, including class presentations, mock interviews, field practice, and tests. All of the participants were trained using the Household Questionnaire and the Individual Questionnaire. The training included practice interviews using the questionnaire in Indonesian and the local dialect. The instructors were staff of the BPS central office who have extensive experience as trainers in various household surveys carried out by BPS. Prior to the field staff training, the instructors attended training in all aspects of the pretest.

The IYARHS pretest was conducted simultaneously with the 2002-2003 IDHS pretest. As part of the IDHS and IYARHS training program, guest lecturers were invited to give talks on topics related to both surveys. For example, IYARHS training participants in West Java listened to a talk from a representative of PKBI on the human reproductive system, adolescent behavior, and how to successfully communicate with youths. PKBI has youth centers in almost all province capitals, including one in Bandung, the capital of West Java. The center has a long experience in organizing activities for youth. In

South Kalimantan, the IYARHS training participants joined the IDHS pretest participants in attending a talk from a representative of BKKBN.

The actual field pretest was conducted for one week in both urban and rural settings. In each province, one urban and one rural census block was selected. These census blocks were selected such that they were not included in the Susenas sample frame. A total of 98 households were visited, 49 in West Java and 49 in South Kalimantan. In these households, there were 29 unmarried females and 26 unmarried males age 15-24. Problems encountered during the pretest training and fieldwork were discussed among the interviewers and with representatives of agencies that have interest in adolescents, namely the Ministry of Health and BKKBN. On the basis of these discussions, the survey instruments were finalized.

1.4.3 Survey Questionnaires

Data in this survey were collected using the Individual Questionnaire. The questionnaire was translated into Indonesian from English. The Individual Questionnaire covers the following sections:

1. Respondent's background
2. Knowledge about human reproduction
3. Marriage and children
4. Role of family, school, and community
5. Smoking, drinking, and drugs
6. AIDS and other sexually transmitted infections
7. Dating and sexual behavior.

1.4.4 Training

Training of the survey field staff for the survey was preceded by training of instructors. This training was designed as a workshop format, where the participants took turns in leading the discussions in each aspect of the survey. This format was preferred to the formal lecture type of training because it gives participants more opportunity to learn about the subjects covered in the survey. The training took place in August 2002.

Training for the survey field staff took place in nine locations throughout the country: Medan (North Sumatera), Pandeglang (Banten), Jakarta (DKI Jakarta), Salatiga (Central Java), Malang (East Java), Banjarmasin (South Kalimantan), Ujung Pandang (South Sulawesi), Gorontalo and Jayapura (Papua). Training lasted for ten days and followed the model Demographic and Health Surveys training guidelines.

During training, interviewers were instructed to ensure that interviews were conducted in private, as presence of other persons may bias the respondent's response.

1.4.5 Data Collection

Data for the 2002-2003 IYARHS were collected by 31 interviewing teams. Each team consisted of one supervisor, one female interviewer, and one male interviewer. The number of sample points selected in a province determined the number of teams in that province. In each province, the Province Statistics Director was responsible for the implementation of the IDHS and IYARHS in that province, while the Chief of the Population and Social Statistics Division was assigned as the Field Coordinator. During the course of data collection, Province Statistics Office staff and CBS staff visited the field periodically to monitor the progress of the fieldwork. Data collection took place over a six-month period from November 21, 2002 to April 9, 2003.

1.4.6 Data Processing

All completed questionnaires, accompanied by the control forms, were returned to the BPS central office in Jakarta for data entry and processing. The data processing consisted of office editing, coding of open-ended questions, data entry, verification, and editing computer-identified errors. Since the IYARHS was implemented in tandem with the 2002-2003 IDHS, census blocks that were selected for both surveys were processed simultaneously. A team of about 40 data entry clerks, data editors, and data entry supervisors processed the data. Data entry and editing started in November 2002 with a computer package called CSPro (Census and Survey Processing System).

1.5 RESPONSE RATES

Table 1.2 shows response rates for the 2002-2003 IYARHS. A total of 9,099 households were selected in the sample, of which 8,730 were occupied. Of the households found in the survey, 8,633 were successfully interviewed, yielding a response rate of 99 percent.

Table 1.2 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence, IYARHS 2002-2003

Result	Residence		Number
	Urban	Rural	
Household interviews			
Households selected	4,127	4,972	9,099
Households occupied	3,941	4,789	8,730
Households interviews	3,873	4,760	8,633
Households response rate	98.3	99.4	98.9
Individual interviews: women			
Number of eligible women	1,311	876	2,187
Number of eligible women interviewed	1,092	723	1,815
Eligible woman response rate	83.3	82.5	83.0
Individual interviews: men			
Number of eligible men	1,485	1,444	2,929
Number of eligible men interviewed	1,182	1,159	2,341
Eligible man response rate	79.6	80.3	79.9

In the interviewed households, 2,187 female and 2,929 male respondents were identified for individual interview. Of these, completed interviews were conducted with 1,815 women and 2,341 men, yielding response rates of 83 and 80 percent, respectively. The lower response rate for men is mostly due to the more frequent and longer absence of men from the household. These response rates are much lower than those from the 2002-2003 IDHS (BPS – Statistics Indonesia and ORC Macro, 2003), which included ever-married women age 15-49 and currently married men age 15-54, because young adults are more likely to be away from home during the day, either at school or work.

Respondents in the 2002-2003 IYARHS were, in many cases, the sons and daughters of the IDHS respondents. While permission to interview respondents age 15-17 was sought from their parents or guardian, the information was not recorded in the data file. Very few respondents refused to be interviewed (less than 1 percent).

PROFILE OF YOUNG ADULTS 2

2.1 SOCIODEMOGRAPHIC DIMENSION

2.1.1 Respondent's Characteristics

This section provides information on the demographic and socioeconomic characteristics of the young adult respondents in this survey. The main background characteristics that are used in subsequent chapters to distinguish subgroups of young adults regarding knowledge, attitudes, and behavior in the area of reproductive health are age, residence (urban-rural), and level of education. Table 2.1 shows the distribution of unmarried women and men age 15-24 in the 2002-2003 Indonesia Young Adult Reproductive Health Survey (IYARHS) sample.

It should be noted that the urban-rural composition of unmarried women and men age 15-24 is not similar with the general population or with that of women and men age 15-24. While 42 percent of the population live in urban areas, more than half of women and men age 15-24 are found in these areas. Table 2.1 shows that unmarried women age 15-24 are more likely to live in urban areas than in rural areas (65 percent compared with 35 percent).

Table 2.1 Background characteristics of respondents

Percent distribution of unmarried women and men age 15-24 by background characteristics, IYARHS, 2002-2003

Background characteristic	Weighted percent	Number of women		Weighted percent	Number of men	
		Weighted	Unweighted		Weighted	Unweighted
Age						
15	15.4	280	321	12.3	287	303
16	14.0	254	265	11.5	269	280
17	13.9	252	265	11.9	278	295
18	13.8	250	232	14.1	330	321
19	9.8	177	178	9.1	213	235
15-19	66.9	1,214	1,261	58.8	1,377	1,434
20	11.5	210	185	10.7	251	261
21	7.6	138	125	8.5	199	192
22	6.1	111	115	8.9	209	184
23	3.9	71	65	7.0	164	148
24	3.9	71	64	6.0	140	122
20-24	33.1	601	554	41.2	964	907
Residence						
Urban	64.9	1,179	1,092	53.9	1,262	1,182
Rural	35.1	636	723	46.1	1,079	1,159
Education						
No education	0.6	10	11	0.8	18	19
Some primary	4.9	89	99	6.6	155	165
Completed primary	12.7	230	248	16.4	385	420
Some secondary	48.0	872	919	47.4	1,111	1,138
Completed secondary	33.8	614	538	28.7	673	599
Religion						
Muslim	93.7	1,700	1,700	94.9	2,222	2,204
Protestant	4.5	82	81	2.9	68	78
Catholic	0.9	16	17	1.4	32	36
Hindu	0.1	2	2	0.1	2	3
Budhist	0.6	11	12	0.4	9	12
Khong Hu Chu	0.0	0	0	0.0	1	2
Other/missing	0.2	4	3	0.3	7	6
Total	100.0	1,815	1,815	100.0	2,341	2,341

2.1.2 Living Arrangements

Table 2.2 shows that 61 percent of households in the 2002-2003 IYARHS sample have no unmarried women and men age 15-24 who are eligible for individual interviews. One in four households has one eligible respondent, and one in eight (12 percent) has two. Only 3 percent of households have three respondents eligible for the individual interview, and 1 percent of households have four or more. Urban households are less likely to have eligible adolescents than rural households.

Table 2.2 Presence of adolescents in the household

Percent distribution of households by presence of unmarried women and men age 15-24, according to residence, IYARHS 2002-2003

Number of adolescents	Residence		Total
	Urban	Rural	
0	54.4	65.9	60.5
1	24.5	22.6	23.5
2	14.4	9.0	11.6
3	4.9	2.0	3.4
4+	1.8	0.5	1.1
Total	100.0	100.0	100.0
Number	4,098	4,535	8,633

Table 2.3 presents the percent distribution of unmarried women and men age 15-24 by their relationship to the head of household. Five percent each of unmarried women and men are the head of the household, five percent of unmarried women and two percent men live with their siblings who head the household. As expected, older women and men are more likely than younger respondents to head a household. For example, 13 percent of women age 20-24 are the head of a household, compared with 1 percent of women age 15-19. Three in four women (74 percent) and eight in ten men live in households headed by their parents. This indicates that most women and men live with their parents before they are married. Younger respondents are more likely than older respondents to live with their parents.

Many households in Indonesia include extended families; 17 percent each of unmarried women and 12 percent men are listed as relatives (not members of the nuclear family) or not related to the household head.

Table 2.3 Relationship to head of household

Percent distribution of unmarried women and men age 15-24 by relationship to head of household, according to age, IYARHS 2002-2003

Relationship to head of household	Women			Men		
	15-19	20-24	Total	15-19	20-24	Total
Self	0.7	12.8	4.7	1.2	9.2	4.5
Sibling	3.8	6.0	4.6	1.1	3.2	2.0
Child	77.9	65.1	73.7	85.8	75.3	81.5
Relative	10.6	10.1	10.4	10.5	10.2	10.4
Not related	7.0	6.0	6.7	1.4	2.1	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,214	601	1,815	1,377	964	2,341

2.1.3 Household Assets

The 2002-2003 IDHS Household Questionnaire collected information on household ownership of a number of consumer items (including radio, television and car) and housing amenities (such as flooring material, source of drinking water, and toilet facilities). An asset-based wealth index was constructed to allow comparison in health status outcomes among people who belong to households which have been assigned into varying categories of wealth. The classification of households by wealth index is based on the number and kind of assets and amenities that they possess. The data are weighted by the sample weight and the number of household members to determine the cut off points for assigning the

households into quintiles. Each household is assigned a score, which is shared by all household members. It stands to reason that, since poorer households also tend to have larger family sizes, fewer households are assigned to the poorest quintile. Therefore, the number of people assigned to each quintile does not, in fact, represent the proportion of people in each quintile. Instead, it reflects the proportion of eligible respondents in the sampled households in each quintile determined by the above- mentioned method of weighting. Table 2.10 presents the distribution of IYARHS respondents according to their wealth status.

Table 2.4 indicates that, overall, 13 percent of women and 19 percent of men are in the poorest quintile. On the other hand, 49 percent of women and 42 percent of men are in the two highest wealth groups.

Table 2.4 also shows the close relationship between education and wealth status. Large proportions of respondents with no education live in poor households. On the other hand, better educated respondents belong to the wealthier households.

Table 2.4 Wealth status

Percent distribution of unmarried women and men age 15-24 by wealth index quintile, according to background characteristic, IYARHS 2002-2003

Background characteristic	Wealth index quintile					Number
	Lowest	Second	Middle	Fourth	Highest	
WOMEN						
Age						
15-19	15.9	18.0	20.0	18.4	27.7	1,214
20-24	8.2	17.6	20.6	17.5	36.1	601
Residence						
Urban	3.1	13.5	19.6	21.1	42.7	1,179
Rural	32.3	25.9	21.3	12.7	7.8	636
Education						
Less than completed primary	41.0	19.6	10.5	8.5	20.4	107
Completed primary	24.7	19.8	23.5	9.9	22.2	241
Some secondary	13.4	17.4	21.8	20.2	27.1	886
Completed secondary	3.4	17.5	17.9	20.2	41.0	579
Total	13.3	17.9	20.2	18.1	30.5	1,815
MEN						
Age						
15-19	21.3	19.3	19.3	19.6	20.6	1,377
20-24	16.6	16.3	22.5	22.4	22.2	964
Residence						
Urban	2.4	12.0	23.2	26.5	35.8	1,262
Rural	39.1	25.1	17.5	14.0	4.3	1,079
Education						
Less than completed primary	45.0	24.9	17.0	6.2	7.0	194
Completed primary	40.9	25.5	19.0	11.4	3.2	398
Some secondary	15.9	18.9	21.3	24.5	19.4	1,097
Completed secondary	4.1	10.1	21.5	24.5	39.8	649
Total	19.3	18.1	20.6	20.7	21.2	2,341

2.1.4 Current Activity

In Table 2.5, adolescents are distinguished by the type of activity they are currently involved in (i.e., going to school, holding a job, going to school and holding a job, and neither going to school nor working). Four in ten women and more than one in four men (27 percent) are attending school only, while one in four women and about four in ten men (37 percent) are working only. As expected, younger respondents are more likely to be in school, and urban respondents are more likely than rural respondents to be in school, whereas rural respondents are more likely than urban respondents to be working.

Table 2.5 Current activity

Percent distribution of unmarried women and men age 15-24 by current activity, according to background characteristics, IYARHS 2002-2003

Background characteristic	Current activity					Total	Number
	Attending school only	Working only	Attending school and working	Neither attending school nor working	Other		
WOMEN							
Age							
15-19	49.7	18.2	3.1	19.8	9.2	100.0	1,214
20-24	19.0	39.6	2.5	22.7	16.2	100.0	601
Residence							
Urban	44.5	25.6	3.0	16.7	10.2	100.0	1,179
Rural	30.5	24.6	2.7	28.3	13.9	100.0	636
Education							
Less than completed primary	6.5	40.7	0.0	39.0	13.9	100.0	107
Completed primary	2.7	55.6	0.0	28.7	13.0	100.0	241
Some secondary	56.7	14.6	3.2	16.4	9.2	100.0	886
Completed secondary	35.0	26.2	4.3	20.5	14.1	100.0	579
Wealth index quintile							
Lowest	22.8	28.7	4.8	31.7	12.0	100.0	242
Second	41.6	19.3	3.3	20.6	15.1	100.0	324
Middle	40.0	21.9	0.7	25.6	11.8	100.0	366
Fourth	42.2	24.0	3.4	19.6	10.8	100.0	329
Highest	43.8	30.2	3.0	13.5	9.4	100.0	553
Total	39.6	25.3	2.9	20.8	11.5	100.0	1,815
MEN							
Age							
15-19	36.7	28.3	5.7	12.4	16.8	100.0	1,377
20-24	13.6	48.9	3.3	13.8	20.4	100.0	964
Residence							
Urban	36.1	29.1	3.8	14.3	16.7	100.0	1,262
Rural	16.9	45.8	5.7	11.5	20.2	100.0	1,079
Education							
Less than completed primary	7.7	54.9	2.3	16.1	19.1	100.0	194
Completed primary	1.6	63.1	2.8	14.3	18.2	100.0	398
Some secondary	39.6	28.3	6.2	8.5	17.5	100.0	1,097
Completed secondary	27.9	29.8	4.2	18.8	19.3	100.0	649
Wealth index quintile							
Lowest	10.0	54.3	7.0	11.1	17.6	100.0	453
Second	20.2	41.0	4.6	12.6	21.6	100.0	423
Middle	25.9	33.2	3.0	15.6	22.4	100.0	482
Fourth	31.4	37.2	2.5	12.0	17.0	100.0	486
Highest	46.0	20.4	6.6	13.4	13.5	100.0	497
Total	27.2	36.8	4.7	13.0	18.3	100.0	2,341

Better educated respondents are more likely to be in school only, whereas those with less education are more likely to be working only. This may be due to a high proportion of highly educated respondents who pursue their education, while respondents with less education do not continue going to school after finishing primary education. Respondents in the lowest (poorest) quintile are the least likely to attend school only; on the other hand, they are the most likely to work only.

Few women and men go to school and hold a job at the same time (3 percent of women and 5 percent of men). It is interesting to note that 21 percent of women and 13 percent of men reported to be neither going to school nor working. When looking at urban-rural residence, this phenomenon is more likely to be found among rural women (28 percent) and urban men (14 percent).

2.2 EDUCATION

2.2.1 Educational Attainment

Education is a key determinant of the lifestyle and status an individual enjoys in a society. Studies have consistently shown that educational attainment has strong effects on knowledge and, subsequently, behavior related to reproductive health. Table 2.6 shows the percent distribution of the IYARHS respondents by the highest level of education attended and literacy level, according to age and residence. The category "Less than completed primary" includes respondents with no education. The category "Some secondary" includes respondents who attended secondary school but did not complete the third year.

Table 2.6 Educational attainment by background characteristics

Percent distribution of unmarried women and men age 15-24 by highest level of schooling attended or completed and level of literacy, according to background characteristics, IYARHS 2002-2003

Background characteristic	Less than completed primary[1]	Completed primary	Some secondary	Completed secondary or higher	Total	Number	Percent literate
			WOMEN				
Age							
15-19	5.3	12.0	64.8	17.9	100.0	1,214	97.8
20-24	5.7	14.1	14.2	66.0	100.0	601	98.0
Residence							
Urban	3.2	9.5	42.6	44.7	100.0	1,179	98.9
Rural	9.7	18.5	58.1	13.7	100.0	636	96.0
Total	5.5	12.7	48.0	33.8	100.0	1,815	97.8
			MEN				
Age							
15-19	7.4	15.8	63.8	13.0	100.0	1,377	96.2
20-24	7.4	17.3	24.1	51.2	100.0	964	95.7
Residence							
Urban	4.0	10.1	44.5	41.4	100.0	1,262	97.9
Rural	11.3	23.9	50.8	14.0	100.0	1,079	93.7
Total	7.4	16.4	47.4	28.7	100.0	2,341	96.0

[1] Includes no education

Data in the table indicate that there are differences in the level of education by background characteristics. Most survey respondents have attended formal education; only 6 percent of women and 7 percent of men have Less than completed primary school education. One in three women and 29 percent of men have completed secondary education. Overall, women are slightly better educated than men. Eighty-two percent of women have some secondary or higher education, compared with 76 percent of men. For both women and men, urban respondents tend to have better education than rural respondents.

Table 2.6 also shows that literacy is almost universal among young adults in Indonesia. Urban respondents are only slightly more likely than rural residents to be literate. Female respondents tend to be slightly more literate than male respondents (98 and 96 percent, respectively).

2.2.2 Reason for Not Going to School

In the 2002-2003 IYARHS, respondents who were not currently attending school were asked the reason for not being in school. This information is presented in Table 2.7. Some respondents said that they stopped going to school because they had sufficient education (17 percent of women and 11 percent of men); others stopped going to school because they could not pay the school fees (55 percent of women and 54 percent of men). A smaller percentage of respondents said that they stopped going to school because they did not like school or simply did not want to continue education (7 percent of women and 9 percent of men). A few respondents mentioned that they stopped their schooling because their family needed help with the farm or business (2 percent of women and 5 percent of men).

Table 2.7 Reason for not going to school

Percent distribution of unmarried women and men age 15-24 who are no longer in school by reason for stopping education, according to background characteristics, IYARHS 2002-2003

Background characteristic	Graduated/ had enough schooling	Could not pay school fees	Family needed help on farm or business	Did not like school/ did not want to continue	Other	Missing	Total	Number
				WOMEN				
Age								
15-17	5.8	67.4	1.4	7.6	14.6	3.2	100.0	277
18-19	18.5	55.6	2.9	7.4	11.0	4.6	100.0	264
15-19	12.0	61.6	2.1	7.5	12.9	3.9	100.0	541
20-22	18.2	52.0	2.0	7.0	16.8	3.9	100.0	324
23-24	39.2	30.8	1.0	2.9	17.3	8.8	100.0	123
20-24	24.0	46.2	1.8	5.9	16.9	5.3	100.0	448
Residence								
Urban	23.5	49.5	1.6	5.3	16.4	3.6	100.0	578
Rural	8.8	61.8	2.5	8.9	12.3	5.8	100.0	410
Total	17.4	54.6	2.0	6.8	14.7	4.5	100.0	988
				MEN				
Age								
15-17	6.1	61.1	6.5	10.6	12.0	3.7	100.0	322
18-19	9.5	50.5	3.5	12.4	21.4	2.8	100.0	360
15-19	7.9	55.5	4.9	11.6	17.0	3.2	100.0	682
20-22	10.9	55.9	5.6	7.5	16.3	3.8	100.0	506
23-24	17.9	46.3	4.6	2.4	21.8	7.0	100.0	252
20-24	13.2	52.7	5.3	5.8	18.1	4.9	100.0	758
Residence								
Urban	15.4	49.1	4.4	8.1	18.8	4.2	100.0	675
Rural	6.5	58.3	5.7	8.9	16.5	4.0	100.0	765
Total	10.7	54.0	5.1	8.5	17.6	4.1	100.0	1,440

For both women and men, younger respondents and respondents living in the rural areas are more likely than other respondents to cite the inability to pay the school fees as a reason for not going to school.

2.3 EMPLOYMENT

Women and men in the 2002-2003 IYARHS were asked whether they had had a job in the last 12 months for which they received payment in cash or in kind. Table 2.8 shows that the majority of women and men who were employed 12 months preceding the survey received payments in cash only or cash and in kind (80 and 70 percent, respectively). Men are more likely than women to work without pay (29 and 19 percent, respectively). The table shows that 5 percent of women and 4 percent of men were paid in cash and in kind and less than 1 percent of each received payments in kind only.

Table 2.8 Type of payment received for employment

Percent distribution of unmarried women and men age 15-24 who were employed in the 12 months preceding the survey by type of payment received, according to background characteristics, IYARHS 2002-2003

Background characteristic	Type of payment: Cash only	Cash and in-kind	In-kind only	Not paid	Missing	Total	Number
WOMEN							
Age							
15-19	64.8	6.9	0.0	27.9	0.4	100.0	363
20-24	85.4	3.3	0.2	10.3	0.8	100.0	345
Residence							
Urban	82.9	6.6	0.2	10.0	0.3	100.0	446
Rural	61.1	2.6	0.0	35.2	1.1	100.0	262
Education							
Less than completed primary	59.9	7.8	0.0	32.3	0.0	100.0	55
Completed primary	70.3	6.9	0.0	22.1	0.7	100.0	163
Some secondary	69.2	6.0	0.1	24.2	0.6	100.0	236
Completed secondary	86.2	2.6	0.3	10.3	0.7	100.0	254
Wealth index quintile							
Lowest	50.1	0.7	0.1	47.9	1.2	100.0	110
Second	73.5	4.5	0.0	22.1	0.0	100.0	120
Middle	83.7	2.5	0.0	13.8	0.0	100.0	124
Fourth	80.1	5.6	0.0	13.0	1.3	100.0	123
Highest	79.8	8.7	0.3	10.7	0.5	100.0	231
Total	74.9	5.1	0.1	19.3	0.6	100.0	708
MEN							
Age							
15-19	57.6	4.4	0.6	36.9	0.5	100.0	693
20-24	73.7	4.4	0.6	21.1	0.2	100.0	696
Residence							
Urban	79.0	4.8	0.4	15.7	0.1	100.0	619
Rural	54.9	4.1	0.7	39.6	0.6	100.0	770
Education							
Less than completed primary	61.6	6.2	1.7	28.0	2.5	100.0	145
Completed primary	64.6	5.6	0.5	29.1	0.1	100.0	333
Some secondary	62.1	3.8	0.7	33.5	0.0	100.0	566
Completed secondary	74.6	3.6	0.0	21.4	0.3	100.0	343
Wealth index quintile							
Lowest	51.2	1.7	1.4	44.6	1.1	100.0	354
Second	63.2	5.0	0.1	31.5	0.2	100.0	282
Middle	64.2	8.6	0.9	26.3	0.0	100.0	281
Fourth	81.4	3.9	0.0	14.6	0.0	100.0	272
Highest	75.5	3.1	0.2	20.8	0.4	100.0	200
Total	65.7	4.4	0.6	29.0	0.4	100.0	1,389

For both women and men, younger respondents, respondents living in rural areas, those with less education, and respondents in the lowest (poorest) quintile are more likely than other respondents to receive no payment for their work. For example, 28 percent of women age 15-19 and 35 percent of rural women were not paid, compared with 10 percent of those age 20-24 and 10 percent of urban women.

In the IYARHS, respondents who were employed in the last 12 months and were paid in cash were asked another question on the use of their earnings. This information allows an evaluation of the relative importance of the respondent's earnings in the household economy, which may have bearings on their independence. Employment and earnings are expected to empower youth if they perceive their earnings as important for meeting the needs of their households.

Table 2.9 shows that there are small gender differences in the use of earnings and the contribution of young adults to household expenditures. Six percent of women and 5 percent of men give all of their earnings to the household, while 63 percent of women and 68 percent of men give part of their cash earnings to support the household expenses. Three in ten respondents (31 percent of women and 27 percent of men) keep their income for themselves.

However, age, residence, and education make a difference in the way adolescents use their earnings. Younger respondents, those living in rural areas, and those with less education are more likely to give all of their income to the household. For example, while 12 percent of young women in rural areas

Table 2.9 Use of earnings

Percent distribution of unmarried women and men age 15-24 who were employed in the 12 months, preceding the survey and received cash earnings, by how much of earnings are given to the household, according to background characteristics, IYARHS 2002-2003

Background characteristic	Proportion of earnings given to household: Give all	Give some	Keep all	Missing	Total	Number
WOMEN						
Age						
15-19	8.3	59.3	32.3	0.0	100.0	260
20-24	4.4	65.2	30.4	0.0	100.0	308
Residence						
Urban	3.7	63.6	32.7	0.0	100.0	401
Rural	12.1	60.0	27.9	0.0	100.0	167
Education						
Less than completed primary	18.7	59.0	22.3	0.0	100.0	35
Completed primary	7.9	66.1	26.0	0.0	100.0	114
Some secondary	7.6	59.0	33.4	0.0	100.0	191
Completed secondary	2.2	64.2	33.6	0.0	100.0	228
Total	6.2	62.5	31.3	0.0	100.0	567
MEN						
Age						
15-19	7.1	66.1	26.4	0.4	100.0	430
20-24	3.7	68.9	27.4	0.0	100.0	544
Residence						
Urban	2.9	63.4	33.4	0.3	100.0	519
Rural	7.8	72.5	19.7	0.0	100.0	455
Education						
Less than completed primary	14.6	70.3	15.0	0.0	100.0	96
Completed primary	5.2	72.4	22.4	0.0	100.0	226
Some secondary	5.1	67.7	26.7	0.4	100.0	380
Completed secondary	1.9	62.7	35.4	0.0	100.0	272
Total	5.2	67.7	27.0	0.2	100.0	974

give all of their income, the corresponding proportion in urban areas is only 4 percent. Additionally, 15 percent of men with less than completed primary education give all of their income to the household, compared with only 2 percent of men with secondary or higher education.

Women and men age 15-24 who were employed in the preceding 12 months and received cash earnings for their work were also asked what proportion of the household expenditures came from their contribution. Table 2.10 shows that adolescents play a very important role in the household economy; 39 percent of women and 43 percent of men reported that their earnings met half or more of household expenses. It is interesting to note that education has a negative association with an adolescent's contribution to household expenses; women and men who have not completed primary education are the most likely to bear half or all of their household expenses when compared with other subgroups. For example, while 16 percent of women and 11 percent of men with less than completed primary education meet all of their household expenditures, only 2 percent of women and men with secondary or higher education are fully responsible for their household financial needs. This may be due to a high proportion of women and men with secondary or higher education who are still attending school, as indicated in Table 2.5.

For both women and men, rural respondents are somewhat more likely than urban respondents to be responsible for their household financial needs.

Table 2.10 Contribution of earnings to household expenditures

Percent distribution of unmarried women and men age 15-24 who were employed in the 12 months preceding the survey and received cash earnings, by proportion of household expenditures met by earnings, according to background characteristics, IYARHS 2002-2003

Background characteristic	Proportion of household expenditures met by earnings: None, almost none	Less than half	Half or more	All	Don't know/ missing	Total	Number
WOMEN							
Age							
15-19	3.8	48.1	41.1	3.1	3.9	100.0	176
20-24	3.2	51.5	36.6	4.9	3.8	100.0	214
Residence							
Urban	3.2	52.1	38.1	2.3	4.3	100.0	270
Rural	4.1	44.7	40.2	8.0	2.9	100.0	120
Education							
Less than completed primary	(3.2)	(45.0)	(29.1)	(16.1)	(2.9)	100.0	28
Completed primary	1.3	38.6	55.0	3.7	1.3	100.0	84
Some secondary	4.0	45.1	43.6	3.7	3.6	100.0	127
Completed secondary	3.7	61.3	27.1	2.4	5.6	100.0	151
Total	3.5	50.0	38.6	4.1	3.8	100.0	390
MEN							
Age							
15-19	4.8	43.4	39.3	4.6	7.9	100.0	315
20-24	2.5	40.9	46.3	4.2	6.1	100.0	395
Residence							
Urban	2.5	41.7	44.1	2.1	9.6	100.0	344
Rural	4.5	42.3	42.4	6.5	4.4	100.0	366
Education							
Less than completed primary	2.6	42.1	38.7	11.4	5.2	100.0	82
Completed primary	3.3	33.0	53.1	4.7	5.9	100.0	176
Some secondary	4.8	48.7	33.2	3.9	9.5	100.0	276
Completed secondary	2.1	40.5	51.2	1.5	4.6	100.0	176
Total	3.5	42.0	43.2	4.4	6.9	100.0	710

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

MEDIA EXPOSURE 3

The role of media in disseminating information has become increasingly more important. In addition to reading printed materials, more and more young adults access information from the radio and television. Recognizing the importance of mass media, the 2002-2003 Indonesia Young Adult Reproductive Health Survey (IYARHS) collected information on the exposure of respondents to various types of mass media. Specifically, respondents were asked how often they read a newspaper or magazine, listened to the radio, or watched television in a week. Respondents were also asked about the kinds of radio and television programs they like. This information is useful in determining the media channels to use in disseminating programs appropriate for target audiences. Furthermore, it is very important for knowing the likelihood of reaching the respondents by media.

3.1 EXPOSURE TO MASS MEDIA

Table 3.1 shows that television is the most popular types of mass media among women and men; 88 percent of women and 86 percent of men report watching television at least once a week. Printed materials are the least popular (38 percent for women and 36 percent for men). Overall, there are no marked differences in the exposure to mass media between women and men.

Table 3.1 Exposure to mass media

Percentage of unmarried women and men age 15-24 who usually read a newspaper at least once a week, watch TV at least once a week, and listen to the radio at least once a week, by background characteristics, IYARHS 2002-2003

Background characteristic	Reads newspaper/ magazine at least once a week	Watches TV at least once a week	Listens to a radio at least once a week	All three media	No media	Number
WOMEN						
Age						
15-19	35.0	87.4	65.2	26.9	7.4	1,214
20-24	44.8	88.5	66.7	31.2	4.4	601
Residence						
Urban	46.0	92.4	68.5	34.8	3.1	1,179
Rural	23.9	79.1	60.6	16.4	12.4	636
Education						
Less than completed primary	11.1	77.7	42.0	9.4	17.4	99
Completed primary	18.3	77.3	52.3	12.2	15.7	230
Some secondary	33.7	89.5	65.8	25.0	5.2	872
Completed secondary	56.6	90.8	74.3	42.2	2.9	614
Total	38.2	87.7	65.7	28.4	6.4	1,815
MEN						
Age						
15-19	31.1	86.0	64.7	23.4	8.0	1,377
20-24	42.9	84.7	63.6	32.3	8.3	964
Residence						
Urban	47.1	89.0	68.1	35.9	5.2	1,262
Rural	23.0	81.4	59.8	16.7	11.5	1,079
Education						
Less than completed primary	10.7	66.9	45.4	6.3	24.5	173
Completed primary	15.3	72.6	61.6	10.7	17.3	385
Some secondary	31.8	89.1	63.9	22.9	4.8	1,111
Completed secondary	61.1	91.7	71.2	48.6	4.2	673
Total	36.0	85.5	64.2	27.1	8.1	2,341

Twenty-eight percent of women and 27 percent of men are exposed to newspapers, television, and radio, and only 8 percent or less are not exposed to any of the three media. In general, older women and men, those living in urban areas, and those with secondary or higher education are the most likely to be exposed to the media.

Figures 3.1 and 3.2 show the comparison in media exposure between unmarried and ever-married respondents. The information on ever-married respondents comes from the 2002-2003 Indonesia Demographic and Health Survey (IDHS), which interviewed ever-married women age 15-49 and currently married men age 15-54. The figure shows that never-married respondents are more likely than

Figure 3.1 **Percentage of Women Age 15-24 Who Have Been Exposed to Various Types of Mass Media, by Marital Status**

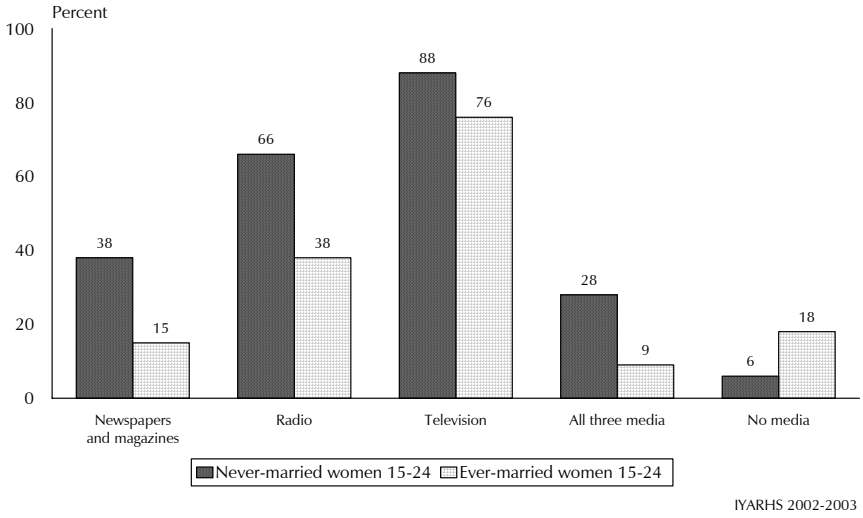
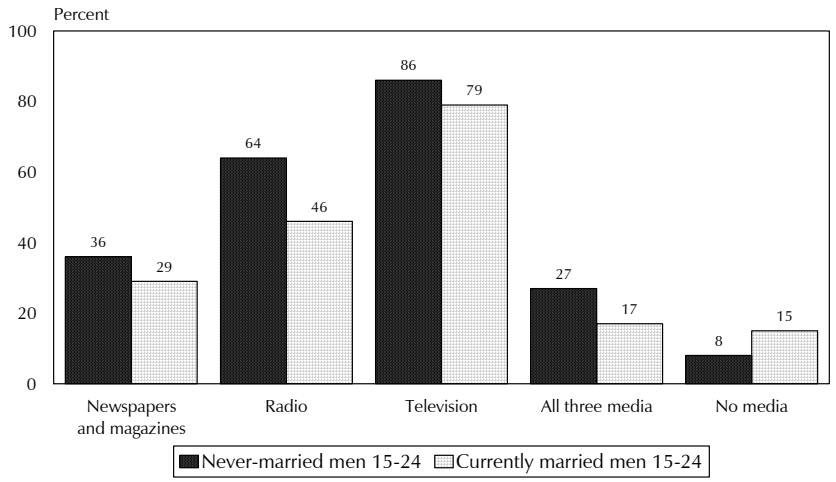


Figure 3.2 **Percentage of Men Age 15-24 Who Have Been Exposed to Various Types of Mass Media, by Marital Status**



their ever-married counterparts to be exposed to any or all of the three media. Overall, 28 percent of unmarried women have access to all three media, compared with only 9 percent of ever-married women. The gap between never-married and currently married men who are exposed to all three media is less noticeable (27 and 17 percent, respectively).

3.2 RADIO LISTENING

In the 2002-2003 IYARHS, respondents who listen to the radio were asked what type of programs they listen to most often. Table 3.2 shows that the most popular radio programs for both women and men are quiz or game programs (61 percent for women and 76 percent for men). The popularity of quiz or game programs on the radio may be due to prizes that are often given out to the audience. Music and news are also popular (49 to 55 percent). Women are more likely than men to listen to serial dramas (55 and 24 percent, respectively), while men are more likely than women to listen to sports reports (29 and 3 percent, respectively). Religious programs are also popular, mentioned by 26 percent of women and 14 percent of men. On the other hand, programs related to health are not very popular, with 1 percent or less of women and men listening to them.

There are slight variations in the type of radio programs listened to by adolescents. However, urban and better educated respondents are more likely than other respondents to listen to the news and music on the radio.

Table 3.2 Radio listening

Percentage of unmarried women and men age 15-24 who listen to the radio, by type of programs heard most often and background characteristics, IYARHS 2002-2003

Background characteristic	Type of program									Number
	News	Music	Sports	Serial drama	Quiz/ game	Religious program	Cultural	Health	Other	
					WOMEN					
Age										
15-19	42.6	55.5	2.4	55.7	62.1	26.2	3.0	0.2	1.8	1,053
20-24	61.1	53.3	4.2	54.6	59.6	25.0	3.4	0.8	1.3	555
Residence										
Urban	53.7	57.2	3.7	57.5	62.0	28.8	2.8	0.5	1.2	1,073
Rural	39.7	49.8	1.7	50.9	59.7	19.8	3.8	0.2	2.5	535
Education										
Less than completed primary	24.6	44.3	0.5	47.2	72.1	7.3	6.6	0.0	2.4	77
Completed primary	27.2	38.2	1.7	58.7	60.8	13.8	1.8	0.0	1.2	195
Some secondary	43.2	57.6	2.1	55.1	64.2	25.2	2.6	0.3	1.5	758
Completed secondary	67.2	58.0	5.1	55.6	56.0	33.1	3.7	0.7	1.8	578
Total	49.0	54.7	3.1	55.4	61.2	25.8	3.1	0.4	1.6	1,608
					MEN					
Age										
15-19	44.8	53.4	26.8	25.9	77.1	12.9	1.2	0.7	0.6	1,192
20-24	57.2	49.0	31.5	21.4	73.4	14.4	3.1	1.7	1.6	865
Residence										
Urban	55.5	58.4	33.9	20.5	77.5	16.3	2.4	1.7	1.4	1,148
Rural	43.2	42.9	22.3	28.4	73.0	10.0	1.6	0.4	0.6	909
Education										
Less than completed primary	23.5	39.1	15.3	29.2	72.8	8.2	1.6	0.0	0.6	134
Completed primary	33.7	35.1	22.9	26.6	77.0	9.5	0.8	0.8	0.0	323
Some secondary	47.7	52.7	28.2	26.0	75.1	12.9	1.3	0.8	0.7	974
Completed secondary	67.7	60.9	35.5	18.6	76.0	17.8	4.0	1.9	2.3	627
Total	50.0	51.6	28.8	24.0	75.5	13.6	2.0	1.1	1.1	2,057

Radio listeners were asked whether they had heard certain messages on the radio in the past six months. The specific messages asked about were how to prevent a pregnancy or family planning, condom advertisements, advice on the postponement of marriage, and programs that discuss sexually transmitted infections in general and HIV/AIDS in particular. Results are presented in Table 3.3.

Table 3.3 Messages on the radio

Among unmarried women and men age 15-24 who listened to the radio, the percentage who heard specific programs in the six months preceding the interview, by background characteristics, IYARHS 2002-2003

Background characteristic	Radio message: Prevent pregnancy	Condom advertisement	Postponement of age at marriage	HIV/AIDS	STIs	Number
			WOMEN			
Age						
15-19	18.4	27.9	17.4	39.7	12.0	1,053
20-24	23.9	33.5	20.6	44.8	20.8	555
Residence						
Urban	22.6	33.7	20.8	46.8	18.1	1,073
Rural	15.8	22.0	13.9	30.8	8.9	535
Education						
Less than completed primary	8.9	10.3	5.6	13.6	1.3	77
Completed primary	14.6	16.9	3.9	14.5	1.8	195
Some secondary	17.6	26.8	15.2	39.8	12.6	758
Completed secondary	27.4	40.8	29.5	56.5	24.5	578
Total	20.3	29.8	18.5	41.5	15.0	1,608
			MEN			
Age						
15-19	11.3	27.8	8.6	32.6	12.2	1,192
20-24	19.6	31.5	14.0	46.2	22.4	865
Residence						
Urban	18.8	33.7	14.1	46.9	20.8	1,148
Rural	9.8	23.9	6.9	27.4	11.2	909
Education						
Less than completed primary	9.6	14.5	4.7	16.9	6.6	134
Completed primary	6.9	22.1	7.6	21.5	6.4	323
Some secondary	11.0	26.8	7.7	34.1	11.9	974
Completed secondary	25.8	40.2	18.8	58.0	30.9	627
Total	14.8	29.4	10.9	38.3	16.5	2,057

There are no large differences between women and men in the proportion who heard each of the messages. Among the specific messages asked about in the survey, those heard most often have to do with HIV/AIDS (42 percent of women and 38 percent of men) and condom advertisement (30 percent of women and 29 percent of men).

Twenty percent of women and 15 percent of men heard radio messages on the prevention of pregnancy, and lower percentages heard messages on the importance of postponing age at marriage. About one in six women and men reported listening to programs about sexually transmitted infections in the past six months (15 percent of women and 17 percent of men). A survey of young adults in 1998-1999 showed similar findings, reporting that less than one-fifth of the respondents have heard messages on

family planning on the radio (Achmad and Westley, 1999). The situation did not change in 2002, when only 22 percent of survey respondents reported having heard a family planning message on the radio (Demographic Institute et al., 2002).

The larger proportion of women compared with men who reported listening to messages on pregnancy prevention and postponement of marriage may be due to the greater interest of women in subjects that directly affect their lives.

3.3 TELEVISION WATCHING

In the 2002-2003 IYARHS, respondents who watch television were asked about the type of programs they watch most often. Table 3.4 shows that the most popular television programs for both women and men are movies (62 and 77 percent, respectively), followed by music and news (54 to percent). Women's interest in serial dramas is shown by the large proportion who report watching such programs (58 percent). On the other hand, men are more likely than women to watch sports programs (29 percent, compared with 3 percent of women). As in the case of radio, health-related programs attract very few viewers (less than 1 percent).

Table 3.4 Television watching

Percentage of unmarried women and men age 15-24 who watched television by type of programs most often watched and, by background characteristics, IYARHS 2002-2003

Background characteristic	Type of program										
	News	Music	Sports	Serial drama	Film	Quiz/ game	Religious	Cultural	Health	Other	Number
WOMEN											
Age											
15-19	42.4	54.7	2.3	58.6	62.5	26.2	2.8	0.2	1.1	2.1	1,171
20-24	60.1	52.8	4.0	55.5	59.8	25.0	3.3	1.0	3.6	1.2	592
Residence											
Urban	52.4	55.6	3.5	58.5	60.8	28.6	2.8	0.6	2.4	1.3	1,172
Rural	40.3	50.8	1.6	55.8	63.1	20.1	3.4	0.2	1.0	2.7	590
Education											
Less than completed primary	24.3	41.1	0.4	55.7	73.0	7.6	5.8	0.0	0.0	2.9	88
Completed primary	27.2	39.1	1.5	64.5	64.3	13.1	2.4	0.0	1.1	1.9	217
Some secondary	42.9	56.8	2.1	56.9	64.1	25.5	2.3	0.4	1.2	1.7	846
Completed secondary	66.9	57.4	4.9	56.3	55.4	33.3	3.7	0.8	3.5	1.7	612
Total	48.4	54.0	2.9	57.6	61.6	25.8	3.0	0.5	1.9	1.8	1,763
MEN											
Age											
15-19	46.2	51.1	26.7	25.8	78.1	12.9	1.2	0.6	0.1	0.9	1,338
20-24	57.2	48.3	31.3	22.1	75.2	13.9	3.4	1.6	1.4	1.5	947
Residence											
Urban	55.6	56.4	33.5	20.5	78.3	16.0	2.4	1.5	0.9	1.5	1,252
Rural	44.8	42.0	22.6	28.8	75.2	10.1	1.8	0.3	0.2	0.7	1,033
Education											
Less than completed primary	27.4	39.1	17.9	30.0	77.6	7.8	1.4	0.0	0.0	0.5	155
Completed primary	35.1	34.6	22.4	27.7	78.1	9.2	1.0	0.7	0.0	0.0	367
Some secondary	48.8	50.8	28.5	25.7	76.2	13.0	1.4	0.8	0.0	0.9	1,095
Completed secondary	67.9	59.4	34.6	18.7	77.2	17.5	4.1	1.8	2.1	2.3	668
Total	50.7	49.9	28.6	24.3	76.9	13.4	2.1	1.0	0.6	1.1	2,285

Respondents who watch television were asked whether they had seen certain messages on television in the past six months. The specific messages asked about were how to prevent a pregnancy, condom advertisements, postponement of marriage, and programs related to sexually transmitted infections in general and HIV/AIDS in particular. The results are presented in Table 3.5.

Table 3.5 Messages on television

Among unmarried women and men age 15-24 who watched television, the percentage who saw specific programs in the six months preceding the interview, by background characteristics, IYARHS 2002-2003

Background characteristic	Television message					Number
	Prevent pregnancy	Condom advertisement	Postponement of age at marriage	HIV/AIDS	STIs	
WOMEN						
Age						
15-19	40.1	55.0	27.1	58.9	18.3	1,171
20-24	46.7	60.6	31.5	67.3	30.7	592
Residence						
Urban	47.7	64.1	33.3	69.5	27.8	1,172
Rural	31.8	42.6	19.2	46.1	11.8	590
Education						
Less than completed primary	16.2	25.3	12.2	28.4	1.2	88
Completed primary	28.4	29.1	10.8	33.4	2.7	217
Some secondary	39.0	55.7	25.2	59.7	17.6	846
Completed secondary	55.7	72.9	41.9	79.3	39.2	612
Total	42.4	56.9	28.6	61.7	22.5	1,763
MEN						
Age						
15-19	31.0	62.7	14.8	55.5	15.3	1,338
20-24	31.2	67.9	21.8	63.1	29.8	947
Residence						
Urban	33.9	72.6	21.6	66.4	27.0	1,252
Rural	27.7	55.4	12.9	49.3	14.3	1,033
Education						
Less than completed primary	15.1	28.2	8.5	31.2	7.5	155
Completed primary	18.1	49.8	3.5	36.2	10.6	367
Some secondary	32.0	66.2	15.3	58.8	14.9	1,095
Completed secondary	40.5	79.3	31.6	77.1	40.8	668
Total	31.1	64.8	17.7	58.7	21.3	2,285

There are no large differences between women and men in the proportion who saw specific messages. Among specific messages asked about in the survey, those seen most often were related to HIV/AIDS (62 percent of women and 59 percent of men) and condom advertisements (57 percent of women and 65 percent of men). As in the case of radio listening, women's and men's interests differ. Women are much more likely than men to watch programs that discuss pregnancy prevention and advertise condoms. For example, while 29 percent of women watched programs on the postponement of marriage, only 18 percent of men did so. Findings from a survey of young adults in four provinces showed similar findings; less than one-third of the respondents watched messages on family planning on television (Achmad and Westley, 1999:3).

KNOWLEDGE ABOUT HUMAN REPRODUCTION AND EXPERIENCE OF PUBERTY

4

4.1 KNOWLEDGE AND EXPERIENCE OF PUBERTY

Knowledge of the physiology of human reproduction and the means to protect oneself against sexual or reproductive problems and diseases should be available to adolescents. Better knowledge of these subjects among young adults will lead to correct attitudes and responsible reproductive health behavior.

4.1.1 Knowledge of Physical Changes

In the 2002-2003 Indonesia Young Adult Reproductive Health Survey (IYARHS), respondents were asked several questions to measure their knowledge about human reproduction and the experience of puberty. They were asked to name any physical changes that a boy or a girl goes through during the transition from childhood to adolescence. The responses were spontaneous, without any prompting from the interviewer. The findings are presented in Table 4.1. It is interesting to note that while the respondents may have experienced some of the physical changes listed in the questionnaire, some may not have recognized them as part of the process of growing up into adulthood; others may not report them to the interviewer.

Table 4.1 Knowledge of physical changes at puberty

Percentage of unmarried women and men age 15-24 who know of specific physical changes in a boy and a girl at puberty, by age, IYARHS 2002-2003

	Women			Men		
Indicators of physical changes	15-19	20-24	Total	15-19	20-24	Total
In a boy						
Develop muscles	26.3	27.7	26.8	33.1	30.4	32.0
Change in voice	52.2	65.6	56.7	35.5	44.6	39.2
Growth of facial hair, pubic hair, chest, legs and arms	24.8	32.8	27.4	29.3	35.1	31.7
Increase in sexual arousal	6.3	5.9	6.2	9.5	16.6	12.4
Wet dreams	12.4	16.8	13.8	25.5	28.6	26.8
Growth in Adam's apple	20.9	28.3	23.4	10.7	10.4	10.5
Hardening of nipples	0.3	0.6	0.4	0.3	0.6	0.4
Other	13.2	13.4	13.3	16.5	17.0	16.7
Don't know any signs	24.0	14.7	21.0	19.7	13.5	17.1
In a girl						
Growth of pubic hair and underarm hair	17.0	19.9	18.0	11.2	16.9	13.5
Growth in breasts	52.1	58.7	54.3	47.4	51.9	49.3
Growth in hips	18.3	19.1	18.6	13.4	16.3	14.6
Increase in sexual arousal	6.3	9.3	7.3	5.5	10.3	7.5
Menstruation	68.5	72.7	69.9	32.3	42.4	36.5
Other	16.4	14.9	15.9	7.3	7.5	7.4
Don't know any signs	12.0	8.2	10.7	30.6	24.3	28.0
Number	1,214	601	1,815	1,377	964	2,341

For boys, the change most frequently reported by both female and male respondents is the change in the voice (57 percent of women and 39 percent of men), followed by development of muscles and growth of facial hair (for each, 27 percent of women and 32 percent of men).

While some knowledge of physical changes is known to the respondents, few respondents mention increase in sexual arousal as one of the signs of adolescence. Women are less likely than men to mention this indicator as a physical change in a girl as well as in a boy.

Overall, for both women and men, older respondents are more likely than younger respondents to be able to name physical changes that occur at puberty.

A sizable proportion of women (21 percent) and men (28 percent) do not know any of the signs of physical changes of the opposite sex. The lack of knowledge of basic biology among young people is worth noting, because it reflects the lack of knowledge of risks associated with their body and how to avoid them.

4.1.2 Source of Knowledge of Physical Changes

In the survey, respondents were asked about the source of knowledge of physical changes that occur at puberty. Table 4.2 shows that the most often cited source is friends, with 45 percent of women and 57 percent of men reporting this source of information. The pattern is consistent regardless of the respondent's age.

Table 4.2 Source of knowledge of physical changes at puberty

Percentage of unmarried women and men age 15-24 who received information about the physical changes in a boy or a girl at puberty from specific sources, by age, IYARHS 2002-2003

	Women			Men		
Source of information	15-19	20-24	Total	15-19	20-24	Total
Friends	45.4	44.9	45.2	54.6	59.2	56.5
Mother	32.1	27.3	30.5	10.9	10.7	10.8
Father	3.8	2.1	3.3	3.9	3.7	3.8
Siblings	5.1	5.8	5.3	2.5	2.0	2.3
Relatives	2.1	1.9	2.0	2.3	2.2	2.3
Teacher	31.7	27.7	30.4	30.2	25.0	28.0
Health service provider	0.8	2.0	1.2	0.8	0.8	0.8
Religious leader	0.7	1.8	1.0	2.2	3.9	2.9
Television	12.7	20.6	15.4	8.2	14.6	10.9
Radio	3.0	7.8	4.6	2.0	4.6	3.0
Book/magazine/newspaper	18.5	31.8	22.9	12.6	23.7	17.2
Other	0.2	1.0	0.5	0.5	0.6	0.5
No one	15.5	14.4	15.1	22.3	17.0	20.1
Missing	0.3	0.0	0.2	0.8	0.4	0.7
Total	1,214	601	1,815	1,377	964	2,341

Teachers play a key role in imparting knowledge about physical changes during adolescence; 32 percent of women and 30 percent of men said that they heard about the physical changes from their teachers. For both women and men, younger respondents are more likely than their older counterparts to mention teachers as a source of information about physical changes during adolescence. Since the survey does not investigate further details of this information, it is not clear whether the respondents actually discussed the topic with their teachers or received the information as part of class instructions.

Among women, 31 percent mentioned their mothers as the source of information on physical changes. Men are much less likely than women to mention either of their parents as a source of

information on physical changes during adolescence; 11 percent cited their mothers, and only 4 percent cited their fathers.

Other than personal contacts, printed media such as books, magazines, and newspapers are often cited as the source of information about changes that boys and girls undergo during transition from childhood to adulthood (23 percent of women and 17 percent of men). Regardless of gender, older respondents are more likely than younger ones to mention this source of information.

Television is another source of information for physical changes, mentioned by 15 percent of women and 11 percent of men. There are television programs that cover various topics on reproductive health, which sometimes include signs of physical changes. However, these programs are not specifically designed for adolescent viewers. For both women and men, older respondents are more likely than younger ones to mention television as a source of information.

Fifteen percent of women and one in five men did not discuss the physical changes that occur at puberty with anyone. Younger respondents are more likely than older respondents to talk about physical changes with someone.

4.1.3 Menstruation

This section focuses on the experiences of female respondents as they were going through puberty. They were asked about their age at first menstruation and whether they discussed the experience with someone. Table 4.3 shows that very few women (less than 1 percent) have never menstruated. A small proportion of women had their first menstruation before age 12 (4 percent). Twenty percent of women had their first menses at age 12, 29 percent at age 13, and by age 15, practically all women had menstruated. This finding is similar to that of a study conducted by the Demographic Institute showing that 84 percent of women experience menarche (first menses) at age 12-15 (Demographic Institute et al., 2002). Data in the table also show that younger women start to have their period at an earlier age than older women. For example, 88 percent of women age 15 have menstruated by age 14, compared with 75 percent of 24-year-olds.

Table 4.3 Age at first menstruation

Percent distribution of unmarried women 15-24 by age at menstruation, according to current age, IYARHS, 2002-2003

Current age	Age at first menstruation								Percentage who never menstru-ated	Total	Number
	<10	11	12	13	14	15	16	17+			
15	1.9	3.4	25.0	25.0	32.3	10.3	na	na	2.0	100.0	280
16	1.4	3.9	18.6	34.0	24.5	15.4	0.6	na	1.6	100.0	254
17	1.5	4.7	20.8	26.7	22.7	18.3	4.4	0.9	0.0	100.0	252
18	0.3	3.2	16.3	23.5	26.8	20.3	5.5	3.9	0.0	100.0	250
19	0.6	1.8	20.5	30.4	22.0	18.9	5.2	0.4	0.2	100.0	177
20	0.7	3.4	18.4	29.6	20.7	13.9	8.0	4.8	0.5	100.0	210
21	0.7	2.7	12.4	39.0	16.8	16.7	6.3	5.4	0.0	100.0	138
22	0.0	1.9	17.4	27.1	20.7	22.2	6.8	3.3	0.5	100.0	111
23	0.0	5.7	20.9	31.0	21.6	11.9	2.5	6.4	0.0	100.0	71
24	0.9	1.7	31.0	30.8	10.1	16.1	6.5	2.9	0.0	100.0	71
Total	1.0	3.4	19.8	29.0	23.6	16.2	4.1	2.2	0.6	100.0	1,815

na = Not applicable

When asked whether they discussed menstruation with anyone prior to having their first menses and whom they discussed it with, most women report that they discussed it with their friends (55 percent) (Table 4.4). Younger women are as likely to talk with their friends about menstruation as older women. Thirty-six percent of women report having discussed the topic of menstruation with their mothers, and 15 percent have discussed it with their siblings. Three in ten women did not discuss menstruation with anyone prior to their first menses.

Table 4.4 Discussion of menstruation before first menses

Among unmarried women age 15-24 who have begun menstruation, percentage who discussed menstruation with specific persons prior to first menses, by age, IYARHS 2002-2003

Person with whom menstruation was discussed	Age		
	15-19	20-24	Total
Friends	55.3	53.9	55.0
Mother	35.5	36.4	36.0
Father	1.4	1.4	1.4
Siblings	14.1	15.2	14.5
Relatives	4.1	4.3	4.1
Teacher	7.7	8.2	8.0
Health service provider	0.4	0.6	0.5
Religious leader	1.4	1.7	1.5
Other	0.5	0.2	0.4
No one	28.9	29.4	29.0
Number	1,204	599	1,803

The limited communication between parents and children about reproduction is also seen in a recent survey of four provinces (Achmad and Westley, 1999), which found that less than 30 percent of young adults spoke with their parents about this topic and that these discussions occurred mostly between mothers and daughters.

Another question asked female respondents whether they talked with anyone about menstruation at the time they had their first period. Table 4.5 presents these findings. Unlike the information presented in Table 4.4, mothers are reported by seven in ten women as the first person with whom they talked with when they had their first period. The next choice is friends (39 percent), followed by siblings (15 percent). One in ten women did not discuss menstruation with anyone when they had their first period.

Table 4.5 Discussion of menstruation at time of first menses

Among unmarried women age 15-24 who have begun menstruation, percentage who discussed menstruation with specific persons at the time of first menses, by age, IYARHS 2002-2003

Person with whom menstruation was discussed	Age		
	15-19	20-24	Total
Friends	41.4	34.9	39.3
Mother	70.2	76.4	72.3
Father	3.1	2.2	2.8
Siblings	14.6	14.7	14.7
Relatives	4.0	8.0	5.3
Teacher	0.6	1.0	0.7
Health service provider	0.1	0.3	0.2
Religious leader	0.3	0.1	0.2
Other	0.4	0.1	0.3
No one	11.5	9.0	10.7
Number	1,204	599	1,803

The role of mothers in talking about menstruation the first time it occurs is slightly stronger among older women than among younger women. While 76 percent of women age 20-24 talked with their mothers at the first menses, the corresponding proportion for women age 15-19 is 70 percent. On the other hand, younger women are more likely than older women to talk with their friends (41 percent, compared with 35 percent). Other people have a minimal role in discussions at the time of first menstruation.

4.1.4 Wet Dreams

In the 2002-2003 IYARHS, male respondents only were asked about their experiences with wet dreams. These questions include the age when they started having wet dreams and discussions about wet dreams with anyone before their occurrence. Table 4.6 shows that very few men had their first wet dream before age 12 (less than 2 percent). About half of the male respondents said that they had their first wet dream at age 14 or 15, 21 percent of men at age 14 and 28 percent at age 15. By age 16, nine in ten men have had wet dreams.

Data in the table also show that younger men experienced their first wet dream earlier than older men. For example, 59 percent of men age 15 have had a wet dream by age 14, compared with 29 percent of 24-year-olds. Table 4.6 also shows that 7 percent of male respondents have never had a wet dream.

Table 4.6 Age at first wet dream

Percent distribution of unmarried men 15-24 by age at first wet dream, according to current age, IYARHS, 2002-2003

	Age at first wet dream									Percentage who never had a wet dream		
Age	<10	11	12	13	14	15	16	17+	Missing		Total	Number
15	0.6	1.0	9.5	15.9	32.0	15.9	na	na	0.6	24.4	100.0	287
16	1.0	3.2	5.5	10.5	24.0	33.0	4.9	na	1.6	16.3	100.0	269
17	2.1	1.6	5.2	10.7	16.0	36.6	16.5	3.0	0.0	8.3	100.0	278
18	0.1	2.7	9.0	12.0	17.9	29.0	17.4	7.6	0.3	4.0	100.0	330
19	1.5	0.0	2.4	12.0	22.3	28.4	14.8	16.4	1.0	1.3	100.0	213
20	1.3	0.5	5.4	13.2	17.2	32.1	9.4	19.1	0.5	1.1	100.0	251
21	2.0	0.4	1.5	8.3	16.5	32.4	8.2	26.9	1.7	2.2	100.0	199
22	0.4	0.0	3.9	12.4	18.8	23.4	17.4	23.1	0.0	0.6	100.0	209
23	0.0	1.0	5.4	9.5	23.8	18.2	15.9	21.3	0.6	4.3	100.0	164
24	0.0	0.7	2.9	8.8	16.9	20.8	17.4	29.8	0.0	2.7	100.0	140
Total	0.9	1.3	5.5	11.6	20.8	27.6	11.7	12.6	0.6	7.3	100.0	2,341

na = Not applicable

Male respondents were also asked whether they had discussed wet dreams with anyone before they had the first dream. Data in Table 4.7 show that the majority of men talk with their friends (45 percent). There are small differences by age.

Tables 4.4 and 4.7 show that men are less likely than women to discuss physical changes in their body with someone. While 29 percent of women did not talk with anyone about menstruation prior to having their first menses, 48 percent of men did not talk to anyone about wet dreams before having one.

Table 4.7 Discussion of wet dreams before first wet dream

Among unmarried men age 15-24 who had wet dreams, percentage who discussed wet dreams with specific persons prior to first wet dream, by age, IYARHS 2002-2003

Person with whom wet dream was discussed	Age		Total
	15-19	20-24	
Friends	43.5	45.9	44.6
Mother	2.3	2.1	2.2
Father	1.6	2.7	2.1
Siblings	1.1	1.7	1.4
Relatives	1.4	1.8	1.6
Teacher	9.7	8.3	9.1
Health service provider	0.4	0.0	0.2
Religious leader	2.6	2.3	2.5
Other	0.3	0.6	0.4
No one	49.6	45.8	47.9
Missing	0.1	0.0	0.1
Number	1,224	945	2,169

4.2 KNOWLEDGE OF FERTILE PERIOD AND RISK OF PREGNANCY

The success of periodic abstinence as a family planning method depends on women's and men's understanding of the monthly cycle and the days when a woman is most likely to conceive. Therefore, basic knowledge of the mechanisms of reproduction, including the women's monthly fertile cycle, is important. In the 2002-2003 IYARHS, all respondents were asked about their knowledge of a woman's fertile period in the ovulatory cycle. First, they were asked, whether there are certain days from one menstrual period to the next, when a woman is more likely to become pregnant if she has sexual relations. Those who responded positively to this question (53 percent of women and 32 percent of men, data not shown) were further asked when this time is; whether it is just before her period begins, during her period, right after her period has ended, or halfway between two periods. This information is presented in Table 4.8.

Table 4.8 Knowledge of the fertile period

Percent distribution of unmarried women and men age 15-24 who know that there are certain days in a woman's menstrual cycle when she is more likely to become pregnant, by perceived fertile period, according to age, IYARHS 2002-2003

Perceived fertile period	Women			Men		
	15-19	20-24	Total	15-19	20-24	Total
Just before period	13.1	18.6	15.3	10.4	7.3	8.8
During period	2.1	1.3	1.8	0.8	0.7	0.8
Right after period	50.5	43.9	47.9	53.2	48.2	50.6
Halfway between periods	27.9	30.7	29.0	26.4	38.0	32.3
Other	0.1	1.9	0.8	1.1	0.4	0.8
Don't know, missing	6.3	3.6	5.2	8.1	5.5	6.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	583	376	959	363	378	741

Data in the table show that knowledge about the fertile period is deficient among women as well as among men; only 29 percent of women and 32 percent of men gave the correct response that a woman has the greatest chance of becoming pregnant in the middle of her ovulatory cycle. Compounded with the fact that only half of women and one in three men know that there is a period in the menstrual cycle when a woman has an elevated risk of becoming pregnant, there is a need to increase young people's knowledge on risks of pregnancy.

There are slight differences in knowledge of the fertile period between women and men; 71 percent of women and 68 percent of men gave an incorrect response. While there are differences by age, the gap is slightly wider for men than for women. For instance, 26 percent of men age 15-19 have the correct knowledge about the fertile period, compared with 38 percent of men age 20-24; among women, the corresponding percentages are 28 and 31 percent, respectively.

In the 2002-2003 IYARHS, respondents were asked whether a woman risks becoming pregnant after having sexual intercourse only once. In general, women's knowledge of pregnancy risk after one episode of sexual intercourse is slightly higher than men's (50 and 46 percent, respectively) (Table 4.9). This finding is similar to that in a survey of women and men age 15-24 conducted in 1999, where 58 percent of women and 50 percent of men said that a woman can become pregnant after having sexual intercourse only once (Demographic Institute et al., 2002).

As expected, older, urban, and more educated respondents are more knowledgeable about the risk of becoming pregnant after one instance of sexual intercourse.

Table 4.9 Knowledge of risk of pregnancy

Percentage of unmarried women and men age 15-24 who think that a woman can become pregnant after one instance of sexual intercourse, by background characteristics, IYARHS 2002-2003

Background characteristic	Women	Men
Age		
15-19	45.5	41.0
20-24	57.6	51.8
Residence		
Urban	54.4	54.0
Rural	40.4	35.5
Education		
Less than completed primary	35.5	28.9
Completed primary	33.2	30.7
Some secondary	47.9	42.8
Secondary +	61.3	64.1
Total	49.5	45.5
Number	1,815	2,341

4.3 HEALTH EXAMINATION BEFORE MARRIAGE

In the 2002-2003 IYARHS, respondents were asked whether couples who are planning to get married need to have a health examination. If so, they were asked what type of test they think is necessary before marriage. The question was unprompted, and the respondents could give more than one response. Most women and men said that a health examination is necessary before marriage. Table 4.10 shows that 83 percent of men and 73 percent of women think that a physical examination before marriage is necessary. In this survey, physical tests include x-rays and tests of the heart, chest, eyes, and ear, nose, and throat.

The necessity of having blood and urine tests is less realized. A much lower proportion of women and men mention blood tests before marriage (18 and 15 percent, respectively). An even lower percentage of respondents report the need to have a urine test before marriage (9 percent each).

Table 4.10 Test before marriage

Percentage of unmarried women and men age 15-24 who said that a medical test before marriage is necessary, by type of test, and age, IYARHS 2002-2003

	Women			Men		
Type of test	15-19	20-24	Total	15-19	20-24	Total
Physical	73.3	72.9	73.2	81.3	84.5	82.7
Blood	15.3	21.7	17.6	12.8	18.6	15.4
Urine	7.5	11.2	8.8	7.7	9.6	8.5
Other	1.7	0.1	1.2	0.4	0.2	0.3
Don't know	0.0	0.0	0.0	0.0	0.2	0.1
Number	1,005	553	1,558	1,073	827	1,901

4.4 KNOWLEDGE ABOUT ANEMIA

One of the targets of the Healthy Indonesia 2010 national program is to reduce anemia prevalence among adolescents to below 20 percent (Ministry of Health, 2001). Iron deficiency is the most common and widespread nutritional disorder in developing countries (World Health Organization et al., 2001). The risk of anemia during adolescence is higher when a woman becomes pregnant. Anemia may also elevate the risk of death among anemic women if excessive bleeding occurs, low birth weight babies, and babies with congenital disorders. The risk of anemia is not only found in women, but also in men.

Iron deficiency, specifically iron deficiency anemia, remains one of the most severe and important nutritional problems in Indonesia. Results of the 2001 Neonatal Household Health Survey show that anemia prevalence is 27 percent among women age 15-19 and 40 percent among pregnant women (Ministry of Health, 2002b).

When asked whether they have ever heard of anemia, 80 percent of women and 60 percent of men gave a positive answer (data not shown). The majority of those who said that they had heard of anemia (81 percent of women and 74 percent of men) said that anemia is a blood deficit (*kurang darah*) (Table 4.11). It should be added here that while the term "blood deficit" is inaccurate, this is the most widely used term to identify anemia in Indonesia. The next most cited responses among young adults are deficit in red blood cells (9 percent of women and 11 percent of men) and iron deficiency (7 percent of women and 5 percent of men). Few respondents give other responses.

Table 4.11 Knowledge of anemia

Among unmarried women and men age 15-24 who have heard of anemia, percentage who have specific perceptions of what anemia is, by age, IYARHS 2002-2003

	Women			Men		
Perception of anemia	15-19	20-24	Total	15-19	20-24	Total
Deficit in red blood cells	7.7	12.6	9.4	11.0	10.7	10.9
Blood deficit	80.5	82.8	81.3	72.7	76.7	74.4
Iron deficiency	5.8	8.8	6.8	5.4	4.8	5.2
Low blood pressure	2.1	2.0	2.1	1.0	2.5	1.7
Vitamin deficiency	2.6	2.3	2.5	2.6	5.0	3.7
Other	4.1	2.3	3.5	4.9	4.3	4.6
Don't know	9.4	5.3	7.9	14.9	12.2	13.7
Missing	0.1	0.0	0.1	0.2	0.0	0.1
Number	960	511	1,470	794	827	1,407

For both women and men, knowledge is slightly higher among older respondents, compared with younger respondents. This finding is similar to that of a study conducted among adolescents age 15-24 in four provinces, which found that 88 percent of women and men said that anemia is a condition of "shortage of blood supply" (*kurang darah*) (Demographic Institute, et al., 2002). The findings showed that knowledge of anemia among respondents is low. Therefore, there is need for information, education, and communication (IEC) for adolescents who do not know about anemia and those who have misconceptions about the problem.

4.4.1 Knowledge of Causes of Anemia

Table 4.12 shows that two areas related to anemia call for attention in this report. The first is the misconceptions about anemia, shown by the large proportions of women and men (45 percent of women and 36 percent of men) whose response to the cause of anemia question is coded "Other." This means that the response has no relation to any of the precoded categories that encompass the correct answers. The second area of concern refers to the group of respondents who were unable to identify a cause of anemia (21 percent of women and 30 percent of men). These are groups of adolescents who should be targeted for IEC in issues related to anemia.

Table 4.12 Knowledge of causes of anemia

Among unmarried women and men age 15-24 who have heard of anemia, percentage who reported specific causes of anemia, by age, IYARHS 2002-2003

	Women			Men		
Cause of anemia	15-19	20-24	Total	15-19	20-24	Total
Lack of consumption of meat, fish, and liver	23.1	24.4	23.6	22.7	23.9	23.2
Lack of consumption of vegetables and fruits	28.5	23.5	26.8	19.0	23.7	21.0
Bleeding	2.9	1.9	2.5	1.4	4.0	2.5
Menstruation	1.9	3.5	2.4	0.7	1.7	1.1
Malnutrition	9.9	13.1	11.0	10.9	12.6	11.6
Infectious disease	0.4	0.5	0.5	0.3	0.4	0.4
Other	41.9	49.4	44.5	34.5	37.9	35.9
Don't know	24.7	15.1	21.4	31.6	27.5	29.8
Number	960	511	1,470	794	613	1,407

Among those who gave valid responses, lack of various dietary intakes such as meat, fish, vegetables, and fruits is the most cited reason for being anemic (50 percent of women and 44 percent of men). Variations between women and men are not significant. For example, 27 percent of women and 21 percent of men mention lack of consumption of vegetables and fruits as the cause of anemia (Table 4.12).

4.4.2 Knowledge of Anemia Treatment

Respondents who had heard of anemia were also asked how anemia should be treated. Table 4.13 indicates that the most often cited anemia treatment reported by both women and men (59 percent of women and 54 percent of men) is to take pills to "increase blood" (*pil tambah darah*). Again, this is a misnomer, but a term widely used in Indonesia. A much lower percentage mentioned taking iron tablets as a remedy for anemia (11 percent of women and 14 percent of men).

Table 4.13 Knowledge of anemia treatment

Among unmarried women and men age 15-24 who have heard of anemia, percentage who reported specific treatments for anemia, by age, IYARHS 2002-2003

	Women			Men		
Treatment for anemia	15-19	20-24	Total	15-19	20-24	Total
Take pill to increase blood	54.9	65.8	58.7	48.4	60.5	53.7
Take iron tablet	10.5	12.2	11.1	14.5	12.7	13.7
Increase consumption of meat, fish, and liver	12.6	18.6	14.7	14.5	18.7	16.3
Increase consumption of vegetables rich in iron	20.2	21.4	20.7	14.9	18.3	16.4
Other	18.3	30.9	22.7	16.7	17.2	17.0
Don't know	20.3	12.5	17.6	25.2	18.5	22.3
Number	960	511	1,470	794	613	1,407

The findings showed that knowledge of three aspects of anemia—knowledge of the term, causes of anemia, and how to treat the problem—is low among adolescents. While the percentage of young women and men who have heard of anemia is high, the exact meaning of the problem is lost in the translation into *Bahasa Indonesia*. Knowledge of what causes anemia and how to treat the problem is relatively low. Therefore, there is a need for IEC activities to address all anemia-related issues that should target adolescents. This can be done through formal and informal education, such as community meetings organized by nongovernmental organizations (NGOs) and discussions among peers.

4.5 DISCUSSION ON REPRODUCTIVE HEALTH

One of the objectives of the 2002-2003 IYARHS was to find out the sources from which young adults in Indonesia obtained information on reproductive health. In the survey, respondents were asked whether they have had any discussion with anyone on issues related to human reproduction, including physiology of reproduction, menstruation, wet dreams, fertile period, pregnancy, sexually transmitted infections, and family planning methods. In this survey, the discussions on these topics may be part of a conversation between the respondent and anyone. In certain cultures, sexuality is often considered a taboo subject between adolescents and their parents. A survey conducted in 1998-1999 shows that only 29 percent of young adults spoke to their parents about reproduction before marriage (Achmad and Westley, 1999).

Table 4.14 and Figure 4.1 show that 13 percent of female respondents and 22 percent of male respondents never discussed reproductive health with anyone. The majority of the respondents who discussed reproductive health issues talked with their peers (74 percent of women and 69 percent of men). Women talked with family members about reproductive health more than men; 49 percent of women talked with their parents, and 33 percent talked with their siblings, compared with 13 and 14 percent of men, respectively. Women were also more likely than men to talk with their relatives (27 percent compared with 14 percent).

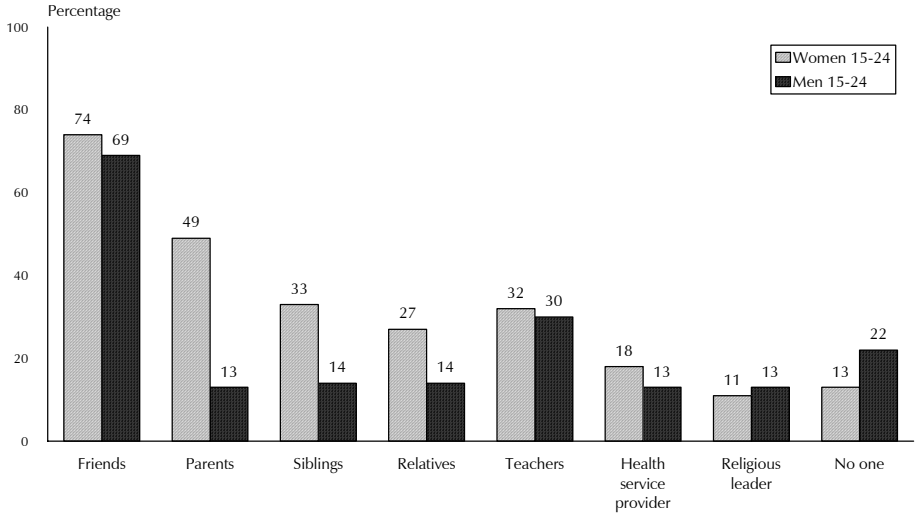
The role of teachers in imparting knowledge about reproductive health is significant; 32 percent of women and 30 percent of men said that they discussed these issues with their teachers. It is not clear whether the respondents actually discussed the topic with their teachers or received the information as part of class instructions. Health service providers and religious leaders play a less significant role as a source of information on reproductive health. Overall, for both women and men, younger, rural, and less educated respondents are less likely than other respondents to discuss reproductive health with anyone.

Table 4.14 Discussion of reproductive health

Percentage of unmarried women and men age 15-24 who discussed reproductive health with specific persons, by background characteristics, IYARHS, 2002-2003

Background characteristic	Persons with whom reproductive health was discussed								
	Friends	Parents	Siblings	Relatives	Teacher	Health service provider	Religious leader	No one	Number
WOMEN									
Age									
15-19	70.8	48.4	30.3	25.3	32.6	15.0	11.5	14.8	1,214
20-24	80.7	50.5	39.5	30.7	30.3	24.5	10.5	10.8	601
Residence									
Urban	77.1	49.4	35.5	28.4	36.1	20.9	11.8	11.5	1,179
Rural	68.5	48.7	29.3	24.6	23.9	13.1	10.0	17.1	636
Education									
Less than completed primary	46.5	38.3	24.6	15.5	2.9	10.0	8.0	33.1	99
Completed primary	62.0	37.9	23.3	13.8	3.4	6.5	6.5	29.6	230
Some secondary	71.8	49.7	29.4	26.6	33.0	16.4	11.0	12.3	872
Secondary +	86.2	54.3	44.1	34.6	45.5	26.4	13.7	5.8	614
Total	74.1	49.1	33.3	27.1	31.8	18.1	11.2	13.4	1,815
MEN									
Age									
15-19	65.4	12.8	12.9	10.7	29.4	10.2	12.0	24.5	1,377
20-24	73.8	13.9	16.6	18.9	29.9	15.8	14.5	18.8	964
Residence									
Urban	73.0	14.8	16.3	17.4	34.0	14.2	13.3	18.0	1,262
Rural	64.1	11.4	12.2	10.3	24.5	10.6	12.7	26.9	1,079
Education									
Less than completed primary	45.7	10.2	10.0	6.2	2.8	8.5	11.9	45.9	173
Completed primary	59.3	12.1	14.5	14.4	6.0	8.7	9.3	34.1	385
Some secondary	68.3	11.7	13.1	10.6	33.3	10.9	13.1	20.4	1,111
Completed secondary	81.3	17.1	17.7	21.8	43.8	18.4	15.3	12.0	673
Total	68.9	13.3	14.4	14.1	29.6	12.5	13.0	22.1	2,341

Figure 4.1
Percentage of Unmarried Women and Men Age 15-24 Who Discussed Reproductive Health with Specific Persons



IYARHS 2002-2003

In the survey, respondents were asked whom they would like to talk to if they wanted more information about reproductive health. Table 4.15 shows the results. For women, apart from their friends (see Table 4.14), almost half (47 percent) would turn to their parents for more information. Friends and health service providers are also preferred by women as a source for information on reproductive health (38 and 35 percent, respectively).

Men, on the other hand, show different preferences with regard to preferred source for more information on reproductive health. While friends play the most important role (44 percent), instead of turning to family members as women do, men are more likely to seek the service of health providers (40 percent). For men, parents and teachers play the same role (18 percent each).

Table 4.15 Preferred source for more information about reproductive health

Percentage of unmarried women and men age 15-24 who would like further discussion on reproductive health with specific persons, by background characteristics, IYARHS 2002-2003

Background characteristic	Persons with whom respondent would like to discuss reproductive health									Total
	Friends	Parents	Siblings	Relatives	Teacher	Health service provider	Religious leader	Other	No one	
WOMEN										
Age										
15-19	36.4	50.1	12.0	4.6	23.5	33.9	1.5	1.2	7.7	1,214
20-24	41.7	40.0	12.3	9.0	11.8	37.3	0.7	2.0	8.3	601
Residence										
Urban	40.4	46.7	12.4	5.2	21.9	35.0	1.2	1.7	6.6	1,179
Rural	34.0	46.9	11.5	7.6	15.3	35.1	1.2	1.1	9.2	636
Education										
Less than completed primary	34.0	36.7	9.2	10.2	2.1	9.4	0.7	0.0	26.2	99
Completed primary	42.2	37.5	9.1	6.9	2.2	23.2	2.0	2.5	15.5	230
Some secondary	34.2	50.0	12.5	5.3	25.3	34.9	1.2	0.8	5.2	872
Completed secondary	42.8	47.3	13.1	6.2	20.8	43.7	1.1	2.1	4.7	614
Total	38.1	46.8	12.1	6.1	19.6	35.0	1.2	1.5	7.5	1,815
MEN										
Age										
15-19	42.6	20.6	4.4	4.6	23.8	35.5	4.6	0.5	14.5	1,377
20-24	45.3	13.7	5.2	4.5	9.1	47.3	5.2	2.5	11.6	964
Residence										
Urban	44.1	18.9	4.8	4.7	20.3	43.9	5.5	1.4	10.3	1,262
Rural	43.4	16.5	4.7	4.4	14.8	36.2	4.1	1.2	16.8	1,079
Education										
Less than completed primary	45.7	19.4	4.3	6.3	1.9	21.6	6.5	0.1	26.5	173
Completed primary	44.1	14.9	5.6	6.9	3.6	31.2	2.3	1.3	21.0	385
Some secondary	44.6	18.5	4.0	3.8	26.7	36.0	5.1	0.6	12.3	1,111
Completed secondary	41.6	17.7	5.7	4.1	15.2	57.5	5.5	2.8	7.1	673
Total	43.8	17.8	4.7	4.6	17.7	40.4	4.8	1.3	13.3	2,341

It is worth noting that both women and men consider health service providers as a preferred source of information on reproductive health. The existing policy and strategy of the Ministry of Health in establishing adolescent reproductive health are to 1) integrate adolescent reproductive health programs across programs and sectors, 2) provide information on adolescent reproductive health through networking on basic and referral health care, 3) increase the capability of health providers to provide IEC and counseling on adolescent reproductive health, and 4) providing information to adolescents through health center programs that are specifically designed to serve adolescents (*peduli remaja)*.

4.6 INSTRUCTION ON REPRODUCTIVE HEALTH

Schools have not been recognized as a key source of information on reproductive health. In a survey of young adults carried out in 1998-1999, less than one-third of the respondents learned about family planning and reproductive health at school (Achmad and Westley, 1999). This section investigates the role of school in providing information on reproductive health, in particular, the human reproductive system, methods of family planning, HIV/AIDS, and other sexually transmitted infections.

Table 4.16 shows the percentage of unmarried women and men age 15-24 who have attended school by the educational level in which they were taught about reproductive health. In general, instruction related to the specified topics starts at the junior high school level (first three years of secondary education). For instance, 51 percent of women reported receiving information about the reproductive system when they were at this level, and only 5 percent were taught in primary school. The same pattern is true for men: 47 percent were taught in junior high school, and only 4 percent were taught in primary school.

For all topics and at all education levels, the percentage of women who reported receiving instruction on these issues is higher than that of men. Family planning methods are as likely to be taught at the junior high school level as at a higher level; 18 percent of women said that they were taught in junior high school, and the same percentage said that they were taught in senior high school or higher. For men, the corresponding percentages are 14 percent for junior high school and 12 percent in senior high school or higher.

Table 4.16 Schools as a source of information on reproductive health

Among unmarried women and men age 15-24 who attended school, percentage who were taught specific reproductive health topics at different educational levels, IYARHS 2002-2003

	Women 15-24				Men 15-24			
Topic	Primary school	Junior high school	Senior high school or higher	Number	Primary school	Junior high school	Senior high school or higher	Number
Reproductive system	4.9	51.3	18.8	1,805	3.5	46.9	13.8	2,323
Family planning methods	1.5	17.8	17.9	1,805	1.0	13.9	11.6	2,323
HIV/AIDS	1.9	22.2	28.2	1,805	1.0	17.8	24.3	2,323
Sexually transmitted infections	0.4	9.3	21.1	1,805	0.5	8.6	18.0	2,323

FAMILY PLANNING 5

5.1 KNOWLEDGE OF CONTRACEPTION

In the 2002-2003, Indonesia Young Adult Reproductive Health Survey (IYARHS), data on knowledge of family planning methods were obtained by first asking the respondent to name the ways that a couple can delay or avoid a pregnancy. If the respondent did not spontaneously mention a particular method, the interviewer probed by describing the method and asking the respondent if she or he recognized it. Descriptions were included in the questionnaire for nine modern family planning methods: female sterilization, male sterilization, the pill, intrauterine device (IUD), injectables, implants, condom, intravag/diaphragm, and lactational amenorrhea method (LAM). Information was also collected on two traditional methods: periodic abstinence and withdrawal. Other traditional or folk methods mentioned by the respondent, such as herbs (*jamu*) and abdominal massage (*pijat*), were recorded as well. Table 5.1 and Figure 5.1 show these findings.

Table 5.1 Knowledge of contraceptive methods

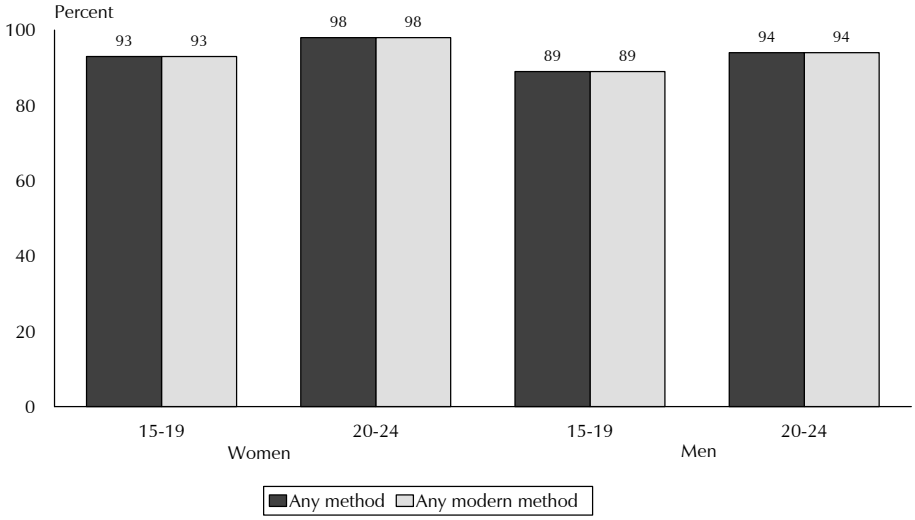
Percentage of all unmarried women and men age 15-24, who know specific contraceptive methods by age, IYARHS 2002-2003

	Women			Men		
Contraceptive method	15-19	20-24	Total	15-19	20-24	Total
Any method	93.2	97.5	94.6	89.0	94.0	91.1
Modern method	93.2	97.5	94.6	89.0	93.9	91.1
Female sterilization	32.0	50.6	38.1	12.9	28.2	19.2
Male sterilization	12.9	30.2	18.6	8.8	22.0	14.2
Pill	86.9	95.4	89.7	75.6	82.8	78.6
IUD	54.2	79.2	62.5	29.4	50.8	38.2
Injectables	87.3	96.0	90.2	63.7	71.7	67.0
Implants	48.0	61.2	52.4	26.7	40.0	32.2
Condom	73.1	85.9	77.3	81.9	91.1	85.7
Intravag[1]/diaphragm	8.3	11.3	9.3	5.3	13.7	8.7
LAM	15.6	27.3	19.5	7.7	13.1	9.9
Traditional method	29.4	45.3	34.7	20.9	34.8	26.6
Periodic abstinence	25.0	42.2	30.7	14.6	24.2	18.6
Withdrawal	10.5	27.7	16.2	11.3	24.0	16.5
Other	2.2	2.5	2.3	2.3	2.2	2.3
Number	1,214	601	1,815	1,377	964	2,341
Mean number of methods known	4.6	6.1	5.1	3.4	4.6	3.9

[1] Intravag is a spermicide placed in the vagina.
LAM = Lactational amenorrhea method

Figure 5.1 shows that, in general, women are slightly more knowledgeable than men about contraceptive methods and that older respondents are more knowledgeable than younger ones.

Figure 5.1
Knowledge of Family Planning Among Women and Men Age 15-24



IYARHS 2002-2003

Knowledge of contraceptive methods among unmarried young adults in Indonesia is widespread. Overall, women are slightly more knowledgeable than men about ways to avoid a pregnancy (95 percent compared with 91 percent). Almost all respondents who have heard of at least one contraceptive method have heard of modern methods. Unmarried young adults in Indonesia are much less familiar with traditional methods than with modern contraceptive ones (35 percent of women and 27 percent of men). Table 5.1 also indicates that women know, on average, five methods, while men know four. Women's better knowledge of contraceptive methods is also reflected in findings of a survey conducted by the Demographic Institute (Achmad and Westley, 1999).

The most commonly known methods among women are injectables and the pill (90 percent each), followed by the male condom (77 percent). For men, the most commonly known methods are condoms (86 percent), the pill (79 percent), and injectables (67 percent). Older women and men (age 20-24) are more likely than their younger counterparts (age 15-19) to know family planning methods. For example, knowledge of modern contraceptive methods among unmarried women age 15-19 is 93 percent, compared with 98 percent for unmarried women age 20-24.

Adolescents are less familiar with long-term family planning methods than temporary methods. Among women, the IUD is cited by 63 percent of the respondents, implants by 52 percent, and female sterilization by 38 percent. Among men, the corresponding proportions are lower (38, 32, and 19 percent, respectively). Only 14 percent of the male respondents mentioned male sterilization.

Table 5.2 shows the difference in knowledge of contraception by marital status among women and men age 15-24. The data for married women and men age 15-24 comes from the 2002-2003 Indonesia Demographic and Health Survey, (BPS-Statistics Indonesia and ORC Macro, 2003). The data show that unmarried women and men are slightly less knowledgeable about family planning than those who are currently married. For example, while 93 percent of never-married young women have heard of a modern method, the corresponding percentage for currently married women of the same age is 97 percent. As expected, regardless of marital status, younger respondents are slightly less likely than older respondents to have heard of contraceptive methods. For instance, knowledge of modern contraceptive methods among unmarried women age 15-19 is 93 percent, compared with 98 percent for unmarried women age 20-24.

Table 5.2 Knowledge of contraception by marital status

Percentage of women and men age 15-24 who know any contraceptive method and who know any modern contraceptive method, by marital status and age, IDHS 2002-2003 and IYARHS 2002-2003

Contraceptive method	Women				Men		
	15-19		20-24		15-19	20-24	
	Never married	Currently married	Never married	Currently married	Never married	Never married	Currently married
Any method	93.2	97.1	97.5	99.1	89.0	94.0	97.4
Any modern method	93.2	97.1	97.5	99.1	89.0	93.9	97.3
Number	1,199	912	616	3,761	1,376	965	426

Note: There are too few currently married men age 15-19 to show separately.

5.2 INTENTION TO USE FAMILY PLANNING

Information on intention to use contraception in the future provides some estimation of the potential demand for family planning services. In the 2002-2003 IYARHS, respondents were asked whether they intended to use a method at any time in the future.

Tables 5.3.1 and 5.3.2 show the percent distribution of unmarried women and men who intend to use family planning in the future by preferred method of contraception, according to age. Overall, 85 percent of women express their intention to use a method of family planning in the future. Table 5.3.2 shows that the majority of men also want to use a modern method (79 percent of men). Most of the women who intend to use contraception in the future prefer to use injectables or the pill (39 and 36 percent, respectively). The most popular method for men is the condom, mentioned by 68 percent of the respondents. For both women and men, there are small variations by age.

Table 5.3.1 Preferred method of contraception for future use: women

Percent distribution of unmarried women age 15-24 who intend to use a contraception method by preferred method, according to age, IYARHS 2002-2003

Preferred method	Age		Total
	15-19	20-24	
Any method	85.6	83.3	84.9
Modern method	85.3	82.3	84.4
Female sterilization	0.6	0.2	0.5
Pill	37.5	32.6	35.9
IUD	3.0	6.6	4.2
Injectables	38.7	40.7	39.4
Implants	4.6	1.4	3.5
Intravag/diaphragm	0.1	0.0	0.1
Traditional method	0.3	1.0	0.5
Periodic abstinence	0.1	1.0	0.4
Withdrawal	0.0	0.0	0.0
Other methods	1.0	0.8	0.9
Don't know	14.3	16.7	15.1
Total	100.0	100.0	100.0
Number	783	384	1,168

Table 5.3.2 Preferred method of contraception for future use: men

Percent distribution of unmarried men age 15-24 who intend to use a contraception method by preferred method, according to age, IYARHS 2002-2003

Preferred method	Age 15-19	Age 20-24	Total
Any method	80.7	79.9	80.5
Modern method	79.9	77.6	78.9
Male sterilization	0.7	1.8	1.2
Condom	69.3	66.4	68.0
Traditional method	0.8	2.3	1.6
Periodic abstinence	0.8	0.6	0.8
Withdrawal	0.0	1.7	0.8
Other methods	9.9	9.4	9.7
Don't know	19.2	20.1	19.6
Total	100.0	100.0	100.0
Number	535	429	964

In the 2002-2003 IYARHS, respondents were also asked what specific family planning method they want their partner or future spouse to use in the future. On this issue, the respondents are less sure. Sixty-five percent of women and 79 percent of men say that they want their partner or future spouse to use a family planning method in the future (Tables 5.4.1 and 5.4.2). As with preferred method of contraception for themselves, modern methods are respondents' first choice for use by their partners. Almost half of all men want their partner to use the pill (47 percent), while 55 percent of women want their partner to use a condom.

Table 5.4.1 Preferred method of contraception for partner: women

Percent distribution of unmarried women age 15-24 who want their partner to use a contraceptive method by specific method, according to age, IYARHS 2002-2003

Preferred method	Age 15-19	Age 20-24	Total
Any method	66.6	63.3	65.3
Modern method	65.3	62.3	64.2
Male sterilization	0.5	0.0	0.3
Condom	55.0	55.1	55.0
Traditional method	1.3	1.0	1.1
Periodic abstinence	0.2	0.9	0.4
Withdrawal	0.9	0.1	0.6
Other methods	10.0	6.2	8.6
Don't know	33.4	36.6	34.6
Total	100.0	100.0	100.0
Number	255	150	405

Table 5.4.2 Preferred method of contraception for partner: men

Percent distribution of unmarried men age 15-24 who want their partner to use a contraceptive method by specific method, according to age, IYARHS 2002-2003

Preferred method	Age 15-19	Age 20-24	Total
Any method	80.4	77.1	79.0
Modern method	80.0	77.0	78.7
Female sterilization	0.8	1.4	1.1
Pill	47.4	46.2	46.9
IUD	3.4	4.7	3.9
Injectables	23.6	22.1	23.0
Implants	3.3	2.4	2.9
Intravag/diaphragm	0.4	0.2	0.3
Traditional method	0.4	0.1	0.3
Periodic abstinence	0.3	0.1	0.2
Withdrawal	0.0	0.0	0.0
Other methods	1.2	0.0	0.7
Don't know	19.5	22.9	21.0
Total	100.0	100.0	100.0
Number	670	514	1,184

5.3 SOURCE OF CONTRACEPTION

One of the factors that affect use of any contraceptive method is to know where to get it. Survey respondents who intend to use contraception in the future were asked about the place to obtain the method. Respondents who expressed their desire to use a contraceptive method in the future were asked whether they know where they can obtain the preferred method. The results are presented in Tables 5.5.1 and 5.5.2. Table 5.5.1 shows that women are slightly more likely to mention a public facility as a source of method than a private facility for any method of contraception (49 and 45 percent, respectively). The most often mentioned public sources are government hospitals and health centers (38 and 39 percent, respectively, data not shown). Among private medical facilities, private midwife and village midwife are primary choices for obtaining family planning methods (18 and 17 percent, respectively, data not shown).

Table 5.5.1 Source of contraception: women

Percent distribution of unmarried women age 15-24 who intend to use a contraceptive method in the future by source of contraception, according to method, IYARHS 2002-2003

Source of contraception	Any method	Any modern method	Pill	Inject-ables	Implants	Total
Public	48.9	49.1	48.3	48.2	54.7	48.9
Private	44.8	44.9	45.0	46.3	38.7	44.8
Other	3.1	2.9	3.7	2.8	0.0	3.1
Don't know	2.1	2.1	2.3	1.2	6.5	2.1
Missing	1.2	1.1	0.6	1.4	0.0	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	992	985	419	460	41	992

Unlike women, men are more likely to mention a private facility than a public facility as a source for family planning methods (60 percent compared with 28 percent) (Table 5.5.2). A pharmacy stands out as a source most often mentioned (53 percent, data not shown), probably because of the method of choice for men, condom. For this method, 68 percent of men mentioned a private facility, and 22 percent mentioned a public facility. The choice of source varies by method. Men tend to cite private facilities for all methods except the pill, for which they choose public facilities (79 percent compared with 16 percent).

Table 5.5.2 Source of contraception: men

Percent distribution of unmarried men age 15-24 who intend to use a contraceptive method in the future by source of contraception, according to method, IYARHS 2002-2003

Source of contraception	Any method	Any modern method	Pill	Condom	Total
Public	27.9	28.4	78.8	21.9	27.9
Private	60.4	61.9	16.4	67.5	60.4
Other	6.2	6.1	2.8	6.7	6.2
Don't know	2.9	2.6	2.1	2.6	2.9
Missing	2.5	1.1	0.0	1.3	2.5
Total	100.0	100.0	100.0	100.0	100.0
Number	775	760	57	656	775

5.4 NEED FOR FAMILY PLANNING SERVICES FOR ADOLESCENTS

Currently, family planning services that are available to adolescents offer a wide range of information, education, and counseling. However, provision of contraceptive methods to unmarried persons is not part of the national family planning program. In the 2002-2003 IYARHS, all respondents were asked if they think that family planning services should be provided to unmarried adolescents. Twenty-four percent of women and men age 15-24 said that family planning services should be available to this age group (data not shown). Respondents who think that family planning services should be available to adolescents were also asked about the kinds of services they think should be provided. Table 5.6 shows that more than half of women 15-24 think that family planning information should be available. Among women who think certain family planning methods should be available to adolescents, 15 percent said that the pill should be available to unmarried adolescents if they need it. Other contraceptive methods are cited by 7 percent or less of women 15-24.

Male respondents are less likely than female respondents to agree that family planning services should be available to unmarried adolescents. Table 5.6 shows that 41 percent of men age 15-24 think that information on family planning should be available to unmarried young people. For men, the most important contraceptive method they think should be provided is the condom (20 percent), followed by the pill (6 percent).

The pill and condoms are the most commonly mentioned methods by both women and men, probably because they are the most accessible in terms of price and availability.

As compared with other women, younger, urban, and better educated women are more likely to think that information on family planning should be provided to unmarried adolescents. For example, 61 percent of women who have completed secondary education think that family planning information should be available, compared with 39 percent of women with completed primary education.

Table 5.6 Attitudes toward provision of family planning services to unmarried adolescents

Percentage of unmarried women and men age 15-24 who think that family planning services should be available to unmarried adolescents, by type of service and background characteristics, IYARHS 2002-2003

Background characteristic	Contraceptive Services					Number
	Information	Pill	Injectables	Condom	Others	
WOMEN						
Age						
15-19	53.3	13.1	4.3	5.8	8.0	287
20-24	47.7	17.9	5.0	8.8	3.4	133
Residence						
Urban	57.8	10.1	3.4	7.2	2.7	303
Rural	35.4	26.2	7.6	5.5	16.5	117
Education						
Less than completed primary	*	*	*	*	*	12
Completed primary	(38.6)	(15.3)	(12.6)	(0.0)	(17.2)	31
Some secondary	46.2	19.9	4.7	7.0	8.6	199
Completed secondary	61.4	8.6	1.5	7.6	2.6	178
Total	51.6	14.6	4.5	6.8	6.6	420
MEN						
Age						
15-19	42.3	7.7	2.6	21.5	2.3	331
20-24	40.3	4.5	1.2	17.1	2.5	251
Residence						
Urban	48.6	5.8	2.1	17.6	0.7	374
Rural	28.6	7.3	1.9	23.1	5.5	208
Education						
Less than completed primary	(48.2)	(17.0)	(0.0)	(16.8)	(3.0)	31
Completed primary	30.9	10.3	(0.0)	27.8	7.7	65
Some secondary	40.1	7.1	3.0	20.9	2.4	278
Completed secondary	45.6	2.4	1.6	15.6	0.7	208
Total	41.4	6.3	2.0	19.6	2.4	582

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

The need for information among men does not vary across subgroups as much as it does among women. The need for specific family planning methods among men also shows a different pattern than that among women. Younger and rural men are more likely to say that the pill and condoms should be provided to unmarried adolescents. There does not seem to be a pattern in the differentials by education level in young men's attitude toward provision of contraceptive methods to unmarried young adults.

5.5 ATTITUDES ABOUT CONDOM USE

In the 2002-2003 IYAHRS, all women and men were asked about condom use. Statements were read to the respondents, and they were asked whether they agreed or disagreed. The statements are as follows: condoms diminish a mans sexual pleasure, a condom is inconvenient to use, a condom can be reused, a condom protects against disease, and a woman has no right to tell a man to use a condom.

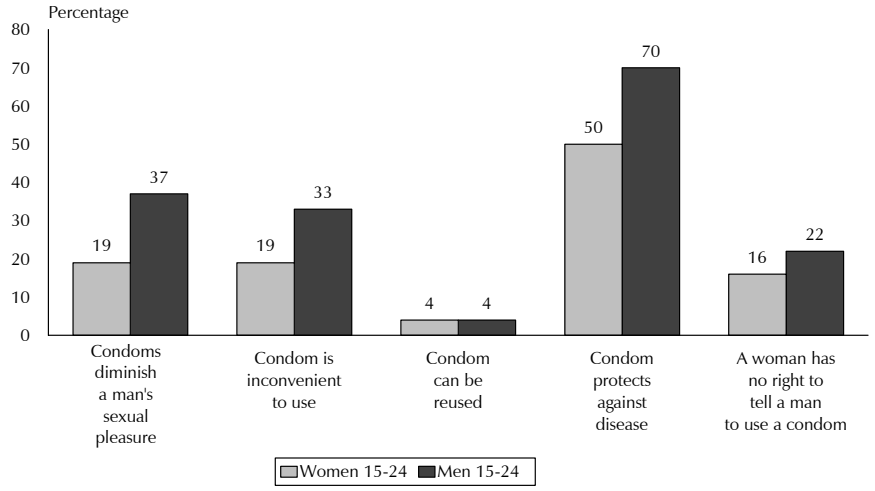
Table 5.7 and Figure 5.2 show that men are generally more likely than women to agree with all the statements about condom use. It is encouraging that both women and men recognize the benefits of using condoms for protection against disease. On the other hand, 4 percent of both women and men agree that a condom can be reused. This is true even among highly educated respondents.

Table 5.7 Attitudes about condom use

Percentage of unmarried women and men age 15-24 who agree with specific statements about condom use, by background characteristics, IYARHS 2002-2003

Background characteristic	Condom diminishes a man's sexual pleasure	Condom is inconvenient to use	Condom can be reused	Condom protects against disease	A woman has no right to tell a man to use a condom	Number
			WOMEN			
Age						
15-19	16.6	17.3	5.1	45.5	16.3	1,214
20-24	23.6	23.0	2.3	58.7	15.6	601
Residence						
Urban	18.7	19.2	3.4	53.8	17.5	1,179
Rural	19.3	19.0	5.7	42.6	13.4	636
Education						
Less than completed primary	6.5	8.4	0.9	29.9	8.5	107
Completed primary	16.6	12.4	3.7	33.6	10.0	241
Some secondary	17.2	18.4	5.3	49.2	15.7	886
Completed secondary	24.9	25.0	3.3	61.1	20.6	579
Total	18.9	19.1	4.2	49.9	16.1	1,815
			MEN			
Age						
15-19	31.6	28.5	4.1	66.4	18.8	1,377
20-24	45.5	38.2	3.7	74.5	27.2	964
Residence						
Urban	42.1	34.6	3.9	76.1	24.0	1,262
Rural	31.8	29.9	3.9	62.4	20.2	1,079
Education						
Less than completed primary	28.4	26.3	2.6	51.5	16.8	194
Completed primary	35.4	31.2	4.8	58.0	17.5	398
Some secondary	33.4	30.9	4.1	70.6	21.8	1,097
Completed secondary	48.1	38.1	3.5	81.2	27.6	649
Total	37.3	32.5	3.9	69.8	22.2	2,341

Figure 5.2
Attitudes about Condom Use among Unmarried Women and Men Age 15-24



IYARHS 2002-2003

MARRIAGE AND PREFERENCE FOR CHILDREN 6

6.1 ATTITUDES ABOUT MARRIAGE

All 2002-2003 Indonesia Young Adult Reproductive Health Survey (IYARHS) respondents were asked about their opinion on the best age for a woman and a man to get married. Table 6.1.1 shows the percent distribution of unmarried women and men age 15-24 by their perceived ideal age at marriage for women, by background characteristics.

Table 6.1.1 Ideal age at marriage for women

Percent distribution of unmarried women and men 15-24, by ideal age at first marriage for women, according to background characteristics, IYARHS 2002-2003

Background characteristic	Ideal age at marriage				Percent	Number	Median
	< 20	20-24	25+	Don't know/ missing			
			WOMEN				
Age							
15-19	5.7	63.3	25.3	5.7	100.0	1,214	20.8
20-24	2.9	46.8	49.0	1.3	100.0	601	22.1
Residence							
Urban	2.5	54.9	38.9	3.7	100.0	1,179	21.4
Rural	8.8	63.4	22.6	5.2	100.0	636	20.7
Education							
Less than completed primary	14.4	47.6	22.2	15.7	100.0	99	20.5
Completed primary	9.1	61.8	23.5	5.5	100.0	230	20.6
Some secondary	5.4	61.9	28.0	4.7	100.0	872	20.8
Secondary+	0.6	52.3	45.9	1.2	100.0	614	22.6
Total	4.7	57.9	33.2	4.2	100.0	1,815	20.9
			MEN				
Age							
15-19	14.5	64.8	14.1	6.6	100.0	1,377	20.7
20-24	8.6	65.4	22.6	3.4	100.0	964	20.9
Residence							
Urban	6.9	65.7	24.3	3.1	100.0	1,262	20.9
Rural	18.1	64.3	9.7	7.8	100.0	1,079	20.6
Education							
Less than completed primary	36.4	44.1	5.8	13.8	100.0	173	20.1
Completed primary	23.4	57.5	12.4	6.8	100.0	385	20.5
Some secondary	9.9	69.8	14.4	5.8	100.0	1,111	20.8
Secondary+	2.9	66.9	28.9	1.3	100.0	673	21.3
Total	12.1	65.1	17.6	5.3	100.0	2,341	20.7

Fifty-eight percent of women and 65 percent of men think that the ideal age at marriage for women is between 20 and 24. Despite the minimum legal age set for marriage of 16 years for women and 18 years for men (Marriage Law No. 1, 1974), many women in Indonesia marry at an earlier age. Data from the 2002-2003 Indonesia Demographic and Health Survey (IDHS) show that 20 percent of women who are currently age 45-49 were married by age 15. However, there is a substantial increase in age at first marriage across cohorts of women. The percentage of women who married by age 15 decreased from

10 percent for women age 30-34 to less than 5 percent for women age 20-24 (BPS-Statistics Indonesia and ORC Macro, 2003).

As expected, the ideal age at marriage for a woman is lower among rural women than their urban counterparts. For example, while 55 percent of urban women said that the ideal age at marriage for women is between ages 20 and 24, the corresponding proportion of rural women is 63 percent. Likewise, 39 percent of urban women think that age 25 or older is the ideal age, compared with 23 percent of rural women.

The last column in Table 6.1.1 (and 6.1.2) presents the median age at marriage for women (and men) as expressed by female and male respondents. The median ideal age at marriage for women as perceived by women is similar to that perceived by men (20.9 years by women and 20.7 by men). Older women, those living in urban areas, and better-educated women tend to cite a higher ideal age at marriage than their counterparts. Women who completed secondary education show the highest ideal age at marriage (22.6 years).

Men are more likely than women to say that women should marry at an earlier age than men. For example, while 63 percent of women think that the ideal age at marriage for a woman is 24 years or younger, the corresponding proportion for men is 77 percent.

Table 6.1.2 Ideal age at marriage for men

Percent distribution of unmarried women and men 15-24, by ideal age at first marriage for men, according to background characteristics, IYARHS 2002-2003

Background characteristic	Ideal age at marriage				Percent	Number	Median
	< 20	20-24	25+	Don't' know/ missing			
			WOMEN				
Age							
15-19	0.1	12.2	80.7	6.9	100.0	1,214	22.8
20-24	0.1	3.5	91.7	4.7	100.0	601	23.4
Residence							
Urban	0.1	5.9	88.0	6.1	100.0	1,179	23.2
Rural	0.3	15.8	77.7	6.3	100.0	636	22.5
Education							
Less than completed primary	0.0	19.0	59.2	21.8	100.0	99	23.1
Completed primary	0.8	19.4	71.7	8.1	100.0	230	22.8
Some secondary	0.1	9.5	85.2	5.3	100.0	872	22.7
Secondary+	0.0	3.9	91.9	4.2	100.0	614	23.0
Total	0.1	9.3	84.4	6.2	100.0	1,815	22.8
			MEN				
Age							
15-19	1.4	17.2	75.5	5.9	100.0	1,377	22.6
20-24	0.7	9.3	87.6	2.4	100.0	964	23.3
Residence							
Urban	0.4	10.4	86.3	2.9	100.0	1,262	23.4
Rural	1.9	18.1	73.7	6.3	100.0	1,079	21.9
Education							
Less than completed primary	6.3	28.8	53.7	11.3	100.0	173	20.8
Completed primary	1.6	21.2	71.0	6.2	100.0	385	22.5
Some secondary	0.8	14.6	79.7	4.9	100.0	1,111	23.2
Secondary+	0.0	5.0	94.1	0.9	100.0	673	23.7
Total	1.1	14.0	80.5	4.4	100.0	2,341	22.8

When asked about the ideal age at marriage for men, eight in ten respondents, regardless of gender, agreed that men should marry at age 25 or older (Table 6.1.2). It is interesting to note that the median ideal age at marriage for men as perceived by female respondents is the same as that perceived by male respondents (22.8 years). Again, older men, those living in urban areas, and better-educated men are most likely to think that men should marry at an older age.

6.2 DECISIONS ABOUT MARRIAGE

In the 2002-2003 IYARHS, respondents were asked who is going to choose the person they are going to marry: their parents, themselves, or their parents together with them. The findings are presented in Table 6.2 and Figure 6.1. Data in the table show that a high proportion of women and men say they alone will decide whom they will marry. Thirty-three percent of women and 25 percent of men say that they and their parents will decide whom they will marry. While parents still play a role in determining their future spouse, few respondents report that their parents alone will decide whom their future spouse will be (4 percent of women and 3 percent of men).

Table 6.2 Decision on whom to marry

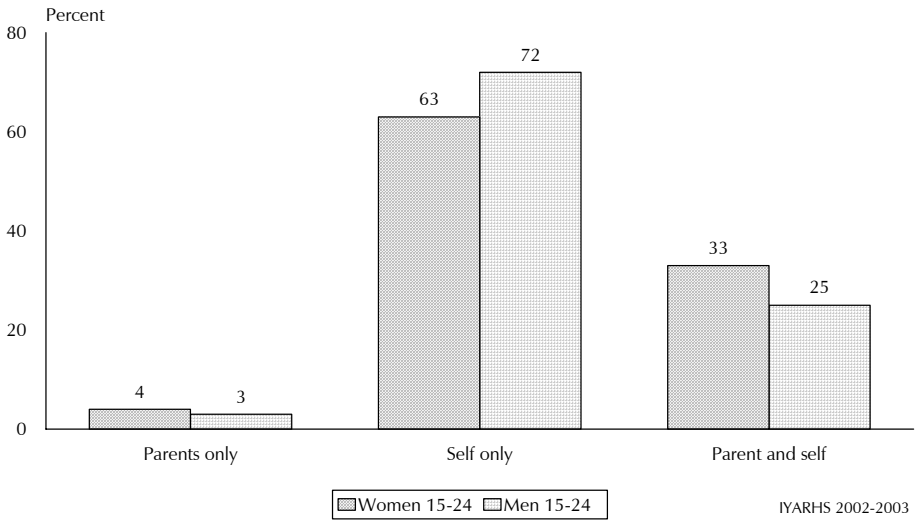
Percent distribution of unmarried women and men age 15-24 by who makes the decision on whom the respondent will marry, according to background characteristics, IYARHS 2002-2003

Background characteristic	Decisionmaker					
	Parents	Self	Parents and self	Don't know/ missing	Total	Number
			WOMEN			
Age						
15-19	4.0	64.3	31.1	0.6	100.0	1,214
20-24	5.0	59.6	35.2	0.2	100.0	601
Residence						
Urban	3.8	60.9	34.8	0.5	100.0	1,179
Rural	5.3	66.2	28.2	0.3	100.0	636
Education						
Less than completed primary	17.0	61.1	18.5	3.4	100.0	107
Completed primary	8.8	67.6	22.8	0.8	100.0	241
Some secondary	3.4	66.8	29.6	0.2	100.0	886
Completed secondary	1.6	55.0	43.2	0.2	100.0	579
Total	4.3	62.8	32.5	0.4	100.0	1,815
			MEN			
Age						
15-19	3.2	68.9	27.7	0.2	100.0	1,377
20-24	1.6	76.1	22.1	0.2	100.0	964
Residence						
Urban	1.7	75.3	22.8	0.2	100.0	1,262
Rural	3.5	67.8	28.5	0.2	100.0	1,079
Education						
Less than completed primary	7.7	67.0	24.4	0.9	100.0	194
Completed primary	4.5	67.5	27.8	0.2	100.0	398
Some secondary	2.3	72.3	25.3	0.1	100.0	1,097
Completed secondary	0.3	75.4	24.3	0.0	100.0	649
Total	2.5	71.9	25.4	0.2	100.0	2,341

Comparison between age groups show that among women, younger respondents are slightly more likely than older respondents to say that they are going to make the decision on whom they will marry themselves (64 percent compared with 60 percent). For men, it is the opposite: younger respondents are less likely than older respondents to make this decision themselves (69 percent compared with 76 percent).

The involvement of parents in making the decision on future partner varies by level of education. For both women and men, respondents with no education are more likely than educated respondents to say that their parents will decide whom they will marry. On the other hand, a large proportion (43 percent) of better educated women think that they and their parents should make this decision. This attitude is not shared by better educated men, who think that the decision on whom to marry should rest primarily with them (75 percent).

Figure 6.1
Person(s) Who Decide(s) Whom the Respondent Will Marry, Women and Men Age 15-24



6.3 PREFERENCE FOR CHILDREN

6.3.1 Ideal Age at First Birth

Data from the 2002-2003 IDHS show that 10 percent of ever-married women age 15-19 have begun childbearing; 8 percent have become mothers, and 2 percent are currently pregnant with their first child.

In the 2002-2003 IYARHS, respondents were asked about the ideal age for a woman and a man to have their first child. Overall, 45 percent of women said that the ideal age is 20 to 24 and 43 percent said it is 25 or older (Table 6.3.1). Younger respondents are more likely than older respondents to cite a younger age for women to have their first child. For example, while 50 percent of women age 15-19 say that the best age for a woman to have her first birth is 20 to 24, only 35 percent of women age 20-24 think that this is the ideal age for a first birth. Older women, those living in urban areas, and better-educated

women tend to cite a higher ideal age at first birth than their counterparts. Women who completed secondary education show the highest ideal age at first birth (23.4 years).

Table 6.3.1 shows that men think that women should have their first birth at a younger age than women do. Fifty-five percent of men say the best age for a woman to have her first child is 20 to 24, compared with 45 percent of women. Conversely, 32 percent of men think that the ideal age at first birth for a woman is 25 or older, compared with 43 percent of women. The median ideal age at first birth for women is 22.6 (women) and 22.1 (men).

Table 6.3.1 Ideal age at first birth for women

Percent distribution of unmarried women and men 15-24, by ideal age at first birth for women, according to background characteristics, IYARHS 2002-2003

Background characteristic	Ideal age at first birth				Percent	Number	Median
	< 20	20-24	25+	Don't know/ missing			
WOMEN							
Age							
15-19	1.6	49.5	37.0	11.9	100.0	1,214	22.5
20-24	0.6	34.5	56.0	8.8	100.0	601	23.0
Residence							
Urban	0.6	38.4	50.0	11.0	100.0	1,179	23.0
Rural	2.5	55.9	30.9	10.6	100.0	636	22.1
Education							
Less than completed primary	2.5	43.1	24.8	29.6	100.0	99	22.0
Completed primary	4.1	55.0	32.0	9.0	100.0	230	21.9
Some secondary	1.1	47.7	41.0	10.2	100.0	872	22.5
Secondary+	0.3	36.5	53.8	9.4	100.0	614	23.4
Total	1.3	44.6	43.3	10.9	100.0	1,815	22.6
MEN							
Age							
15-19	4.3	56.5	27.4	11.8	100.0	1,377	21.9
20-24	3.1	53.1	37.6	6.2	100.0	964	22.4
Residence							
Urban	1.7	49.7	41.7	7.0	100.0	1,262	22.4
Rural	6.4	61.4	19.8	12.4	100.0	1,079	21.8
Education							
Less than completed primary	13.8	50.3	14.8	21.1	100.0	173	20.9
Completed primary	9.1	60.7	21.0	9.2	100.0	385	21.6
Some secondary	2.1	57.7	28.9	11.4	100.0	1,111	22.1
Secondary+	1.1	48.8	46.5	3.5	100.0	673	22.7
Total	3.8	55.1	31.6	9.5	100.0	2,341	22.1

Table 6.3.2 shows the ideal age at first birth for men as perceived by women and men. Most respondents think that the best age for a man to have his first child is 25 or older (84 percent for both women and men). The median ideal age at first birth for men is 23.3 (women) and 23.1 (men).

Older men, those living in urban areas, and better-educated men tend to cite a higher ideal age at first birth than their counterparts. Men who completed secondary education show the highest median ideal age at first birth (23.5 years).

Table 6.3.2 Ideal age at first birth for men

Percent distribution of unmarried women and men 15-24, by ideal age at first birth for men, according to background characteristics, IYARHS 2002-2003

Background characteristic	Ideal age at first birth				Percent	Number	Median
	< 20	20-24	25+	Don't know/ missing			
WOMEN							
Age							
15-19	0.0	7.3	79.8	12.8	100.0	1,214	23.3
20-24	0.0	1.7	91.0	7.2	100.0	601	23.3
Residence							
Urban	0.0	3.7	86.0	10.3	100.0	1,179	23.5
Rural	0.1	8.8	78.9	12.2	100.0	636	23.1
Education							
Less than completed primary	0.6	7.1	62.6	29.7	100.0	99	22.0
Completed primary	0.1	9.8	77.7	12.4	100.0	230	23.3
Some secondary	0.0	5.7	82.4	11.9	100.0	872	22.8
Secondary+	0.0	3.2	90.7	6.1	100.0	614	23.7
Total	0.0	5.5	83.5	11.0	100.0	1,815	23.3
MEN							
Age							
15-19	0.5	9.6	79.1	10.9	100.0	1,377	23.1
20-24	0.0	4.5	90.2	5.2	100.0	964	23.1
Residence							
Urban	0.3	4.8	88.9	6.0	100.0	1,262	23.3
Rural	0.4	10.6	77.5	11.5	100.0	1,079	23.0
Education							
Less than completed primary	2.8	19.7	55.0	22.6	100.0	173	21.7
Completed primary	0.2	11.4	79.4	8.9	100.0	385	22.9
Some secondary	0.1	7.2	82.8	9.9	100.0	1,111	23.4
Secondary+	0.0	2.6	94.9	2.4	100.0	673	23.5
Total	0.3	7.5	83.7	8.5	100.0	2,341	23.1

6.3.2 Ideal Number of Children

In the 2002-2003 IYARHS, respondents were asked about the number of children they would like to have if they could choose. Overall, the ideal number of children among women is slightly lower than that for men (2.6 children compared with 2.7 children) (Table 6.4). For women, the desire for children is very similar across age groups (2.5 children for women age 15-19, compared with 2.6 children for women age 20-24).

Table 6.4 Ideal number of children

Percent distribution of unmarried women and women age 15-24 by ideal number of children and mean ideal number of children, according to background characteristics, IYARHS 2002-2003

Background characteristic	Ideal number of children						Non-numeric response	Total	Number	Mean ideal number of children
	1	2	3	4	5	6				
					WOMEN					
Age										
15-19	2.0	59.7	19.6	10.9	1.4	1.2	4.9	100.0	1,214	2.5
20-24	1.4	51.4	23.1	11.3	2.0	1.1	9.7	100.0	601	2.6
Residence										
Urban	1.7	55.3	22.7	11.0	1.4	1.1	6.7	100.0	1,179	2.6
Rural	2.2	60.2	17.2	11.0	2.0	1.4	6.1	100.0	636	2.5
Education										
Less than completed primary	5.6	48.0	18.9	10.2	1.8	2.0	12.0	100.0	107	2.6
Completed primary	1.8	52.6	23.3	11.2	1.7	2.9	5.8	100.0	241	2.7
Some secondary	2.0	64.2	17.2	10.3	1.7	0.6	4.1	100.0	886	2.5
Completed secondary	0.9	49.4	25.6	12.2	1.4	1.2	9.4	100.0	579	2.7
Total	1.8	57.0	20.7	11.0	1.6	1.2	6.5	100.0	1,815	2.6
					MEN					
Age										
15-19	1.7	49.9	26.2	10.2	3.2	1.4	7.3	100.0	1,377	2.7
20-24	0.6	44.7	28.9	13.6	4.7	1.0	6.2	100.0	964	2.8
Residence										
Urban	0.8	44.4	30.7	13.1	4.4	1.0	5.4	100.0	1,262	2.8
Rural	1.7	51.7	23.3	9.8	3.2	1.6	8.6	100.0	1,079	2.6
Education										
Less than completed primary	4.1	41.9	21.3	14.6	4.6	2.1	11.5	100.0	194	2.8
Completed primary	0.6	49.9	20.1	16.2	2.9	2.1	7.7	100.0	398	2.8
Some secondary	1.3	51.8	27.7	8.0	3.1	0.9	7.1	100.0	1,097	2.6
Completed secondary	0.6	41.3	32.8	14.1	5.5	1.1	4.6	100.0	649	2.9
Total	1.2	47.8	27.3	11.6	3.9	1.3	6.9	100.0	2,341	2.7

Women's desire for fewer children than men is evident when specific numbers of children are examined. Fifty-seven percent of women want two children, compared with only 48 percent of men. At the same time, only 21 percent of women want to have three children, compared with 27 percent of men. Men are also more likely than women to want four or more children.

Do fertility preferences among unmarried women differ from those of their ever-married counterparts? Data in Table 6.5 show that, regardless of marital status, women in the same age group have the same ideal number of children.

Table 6.5 Ideal number of children by marital status

Mean ideal number of children among women age 15-24, by marital status and age, IDHS 2002-2003 and IYARHS 2002-2003

Age	Ever-married women	Never-married women
15-19	2.5	2.5
20-24	2.6	2.6

6.3.3 Decision on Number of Children

The 2002-2003 IYARHS respondents were also asked, "Who should decide on how many children a couple should have, the wife, the husband, or both?" Table 6.6 presents the findings. Overall, nine in ten respondents say that husband and wife together should make the decision on the number of children they are going to have (92 percent of women and 89 percent of men).

Tables 6.6 Decision on number children

Percent distribution of unmarried women and men age 15-24 by who should make the decision on the number of children to have, according to background characteristics, IYARHS 2002-2003

Background characteristic	Decisionmaker				Total	Number
	Wife only	Husband only	Wife and husband	Don/t know		
WOMEN						
Age						
15-19	2.1	3.0	91.9	2.9	100.0	1,214
20-24	0.8	5.4	93.4	0.5	100.0	601
Residence						
Urban	1.8	3.9	92.6	1.6	100.0	1,179
Rural	1.5	3.5	91.9	3.1	100.0	636
Education						
Less than completed primary	4.9	3.5	80.7	9.2	100.0	107
Completed primary	3.5	6.2	87.7	2.6	100.0	241
Some secondary	1.4	2.9	93.3	2.4	100.0	886
Completed secondary	0.7	4.0	95.1	0.2	100.0	579
Total	1.7	3.8	92.4	2.1	100.0	1,815
MEN						
Age						
15-19	1.6	7.0	87.9	3.3	100.0	1,377
20-24	1.3	5.1	90.7	2.7	100.0	964
Residence						
Urban	1.7	6.1	89.0	2.8	100.0	1,262
Rural	1.1	6.4	89.1	3.3	100.0	1,079
Education						
Less than completed primary	1.7	10.9	80.0	7.4	100.0	194
Completed primary	2.3	7.3	87.2	2.4	100.0	398
Some secondary	1.5	5.2	90.2	2.9	100.0	1,097
Completed secondary	0.8	5.9	91.0	2.3	100.0	649
Total	1.4	6.2	89.1	3.1	100.0	2,341

Individual decisions are not popular among both women and men. For instance, 2 percent of women and 1 percent of men think that a wife alone should decide the number of children. On the other hand, while 1 percent of men think that a wife alone should decide on the number of children a couple will have, the corresponding proportion who think that a husband alone shall make the same decision is 6 percent.

The variation across age groups is slight; for example, 92 percent of women age 15-19 think that the wife and husband should decide on the number of children, compared with 93 percent of women age 20-24. There are no variations by urban-rural residence.

Less educated men are more likely to think that the husband alone should determine the number of children a couple will have. While 11 percent of men with less than primary education think that the husband should make the decision, the corresponding proportion for men who completed secondary school is 6 percent. The pattern among women is unclear. For both women and men, the percentage who think that the number of children should be decided by husband and wife increases with level of education. For example, 81 percent of women with less than primary education think that the decision on the number of children should be made by both husband and wife, compared with 95 percent among women who completed secondary education.

SMOKING, DRINKING, AND USE OF DRUGS 7

In the 2002-2003 IYARHS, a section was dedicated to investigating practices that can be considered high risk. These include tobacco smoking, alcohol drinking, and use of drugs. Given the sensitive nature of the topics, respondents were reminded that this section was voluntary; the respondent could choose not to answer any or all of the questions on tobacco smoking, alcohol drinking, and use of drugs. The respondents were also reminded that the information they provided would only be used for a scientific study.

While most respondents did not have any objection to providing information on these topics, it is worth noting that as in any data collection on sensitive topics, there is a tendency for the respondents to underreport such behavior.

7.1 SMOKING

One of the targets of the Indonesia Ministry of Health (MOH) programs in community empowerment and healthy behavior is to reduce the prevalence of smoking while creating a healthy environment that is free of cigarette smoking at school, work, and public areas (MOH, 2003). Tobacco smoking is associated with major health problems. Information about smoking behavior can be used to predict the prevalence of noncommunicable diseases such as cardiovascular diseases, diabetes, chronic obstruction pulmonary diseases, and cancer (WHO, 2000). An understanding of the full impact of tobacco use on a population's health requires data on frequency or level of exposure to tobacco smoke, duration of exposure, and quantity or magnitude of exposure. This chapter provides information on smoking behavior among young adults.

The World Health Organization (WHO, 2002) defines a current smoker, nonsmoker, and ex-smoker as follows:

- A current smoker is someone who, at the time of the survey, smokes any tobacco product either daily or occasionally. Current smokers can be classified into two categories: 1) daily smoker, defined as someone who smokes any tobacco product at least once a day, and 2) nondaily smoker, defined as someone who smokes, but not every day.

- Non-smokers are individuals who have never smoked at all.

- Ex-smokers are people who were former daily or occasional smokers, but have stopped smoking.

In the 2002-2003 Indonesia Young Adult Reproductive Health Survey (IYARHS), a daily smoker is defined as someone who is a current smoker and smoked at least one cigarette in the 24 hours preceding the survey. An occasional smoker is someone who has never smoked regularly, but says that she or he is a current smoker.

Table 7.1 shows the proportion of young adults who are nonsmokers, the proportion who are ex-smokers, and the proportion who are current smokers, by background characteristics. Data show that 86 percent of women and 18 percent of men have never smoked. Twelve percent of women and 24 percent of men have stopped smoking (ex-smokers). Only 2 percent of women are current smokers, compared with 59 percent of men. It should be noted that most of these men who smoke are daily smokers (58 percent).

Table 7.1 Cigarette smoking

Percentage of unmarried women and men age 15-24 who are non-smokers, ex-smokers, and current smokers, according to background characteristics, IYARHS, 2002-2003

Background characteristic	Non-smoker	Ex-smoker	Current smoker	Occasional smoker	Daily smoker	Number
			WOMEN			
Age						
15-19	86.8	11.8	1.4	0.6	1.1	1,214
20-24	83.9	12.5	1.7	0.5	1.7	601
Residence						
Urban	85.6	12.1	1.3	0.4	1.3	1,179
Rural	86.2	11.8	2.0	0.8	1.4	636
Education						
Less than completed primary	89.8	9.8	0.4	0.0	0.4	99
Completed primary	90.9	8.1	1.0	0.3	1.0	230
Some secondary	85.6	13.1	1.3	0.6	0.9	872
Complete secondary	83.6	12.3	2.2	0.6	2.1	614
Total	85.8	12.0	1.5	0.6	1.3	1,815
			MEN			
Age						
15-19	21.6	27.8	50.4	11.5	49.3	1,377
20-24	12.5	17.7	69.8	10.0	69.4	964
Residence						
Urban	20.2	24.4	55.4	9.4	54.7	1,262
Rural	15.1	22.8	61.9	12.7	60.9	1,079
Education						
Less than completed primary	11.3	20.6	68.1	9.4	66.6	173
Completed primary	11.1	16.7	72.2	9.4	71.8	385
Some secondary	20.7	25.2	53.9	12.7	52.7	1,111
Complete secondary	18.7	25.8	55.5	9.1	55.0	673
Total	17.9	23.6	58.4	10.9	57.5	2,341

The 2001 National Socioeconomic Survey (Susenas) found that the prevalence of smoking among people age 10 and older, measured by the percentage who smoked in the month preceding the survey, had increased from 23 percent in 1995 to 28 percent in 2001 (Susenas, 2001). Data from the 2001 National Health Survey (NHS) indicate that men are much more likely to smoke than women: 58 percent of men are daily smokers, compared with 1 percent of women.

Table 7.1 also shows that for women, differences between subgroups are hard to discern because of the small number of cases. However, older women and women with more education are somewhat more likely to smoke than other subgroups. Comparison across subgroups of men shows a similar pattern: older and rural men are more likely to smoke than younger and urban men. However, better educated men are less likely to be current smokers.

7.1.1 Initiation of Cigarette Smoking

Table 7.2 shows that smoking starts early; among those who have ever smoked, 17 percent of women and 19 percent of men started to smoke before they were 13 years. Most women and men started smoking at age 15-17. For women, 18 percent said that they started to smoke at age 15, 12 percent at age 16, and 21 percent at age 17. The corresponding percentage for men are 14, 23, and 12 percent, respectively.

Data in the table also show that women and men age 15-19 generally start smoking at an earlier age than those age 20-24. For example, while 9 percent of women age 20-24 started to smoke before age 13, the corresponding proportion for women age 15-19 is 21 percent. For men, the proportion for ages 20-24 and 15-19 is 14 and 23 percent, respectively.

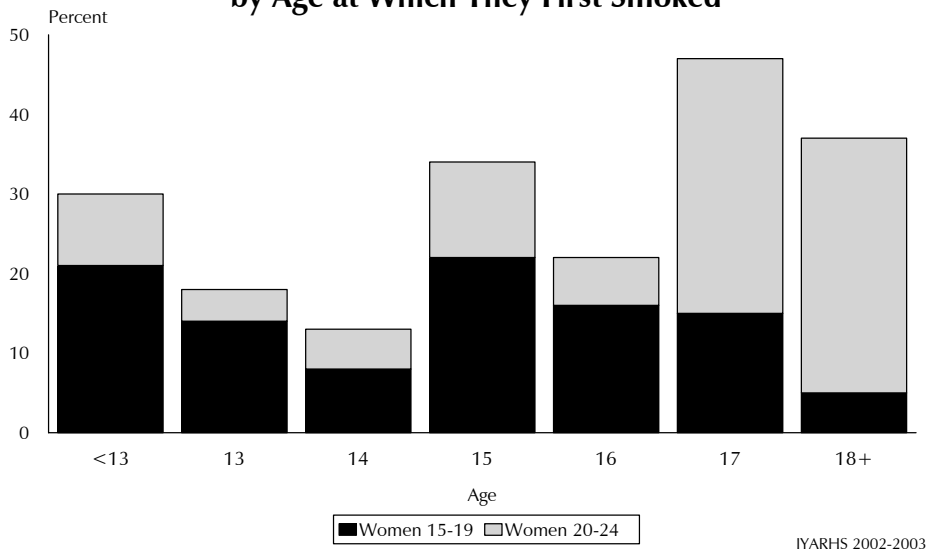
Table 7.2 Initiation of cigarette smoking

Percent distribution of unmarried women and men age 15-24 who have ever smoked cigarettes by age at which first smoked, according to background characteristics, IYARHS, 2002-2003

Background characteristic	First smoked cigarettes by exact age:							Total	Number
	<13	13	14	15	16	17	18+		
WOMEN									
Age									
15-19	21.0	14.0	8.0	21.8	15.7	14.6	5.0	100.0	160
20-24	9.0	4.3	5.3	11.8	5.5	32.2	32.1	100.0	97
Residence									
Urban	15.8	8.6	6.9	16.5	12.9	22.8	16.5	100.0	170
Rural	17.9	13.7	7.1	20.8	9.8	18.1	12.5	100.0	88
Education									
Less than completed primary	24.5	8.7	17.4	23.0	3.9	6.6	15.9	100.0	10
Completed primary	10.2	3.2	0.0	29.0	19.4	11.1	27.2	100.0	21
Some secondary	19.5	15.4	8.8	19.4	14.6	14.8	7.5	100.0	126
Complete secondary	13.3	5.7	5.0	13.5	7.6	32.7	22.1	100.0	101
Total	16.5	10.3	7.0	18.0	11.8	21.2	15.2	100.0	257
MEN									
Age									
15-19	23.3	11.8	17.4	25.2	11.6	11.6	7.6	100.0	1,074
20-24	13.7	7.7	8.5	20.8	12.9	12.9	14.0	100.0	840
Residence									
Urban	17.5	11.0	12.9	20.8	13.9	13.9	10.1	100.0	1,002
Rural	20.8	8.9	14.1	24.9	10.3	10.3	10.8	100.0	913
Education									
Less than completed primary	23.4	7.3	12.2	22.2	13.2	14.4	12.5	100.0	151
Completed primary	17.3	6.6	13.9	24.5	11.8	11.1	12.7	100.0	342
Some secondary	23.6	13.8	16.1	22.9	10.1	10.2	6.5	100.0	878
Complete secondary	11.6	6.7	9.5	21.6	15.5	15.5	14.8	100.0	543
Total	19.1	10.0	13.5	22.8	12.2	12.2	10.4	100.0	1,915

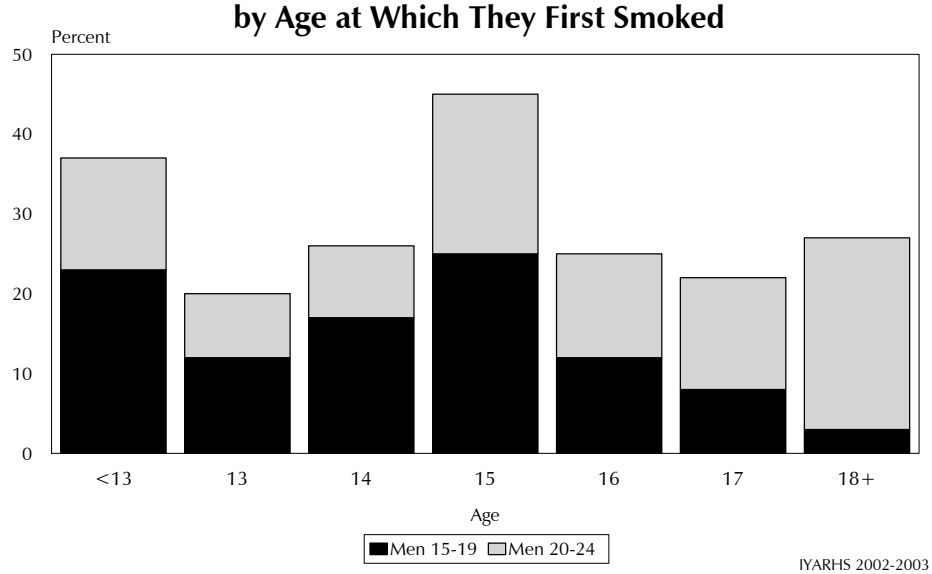
Figures 7.1 and 7.2 show the initiation of smoking by age at first smoking. The figures show that at all ages, women and men age 15-19 are much more likely than their older counterparts to have smoked.

Figure 7.1
Percent Distribution of Unmarried Women Age 15-24 Who Have Smoked Cigarettes, by Age at Which They First Smoked



IYARHS 2002-2003

Figure 7.2
Percent Distribution of Unmarried Men Age 15-24 Who Have Smoked Cigarettes, by Age at Which They First Smoked



IYARHS 2002-2003

7.1.2 Current Cigarette Smoking

Since the number of female respondents who are smokers is too small to be presented separately, Table 7.3 presents data on the number of cigarettes smoked daily for men only. Among men who are current smokers, 16 percent smoked one to two cigarettes in the past 24 hours, 26 percent smoked three to five cigarettes, and 25 percent smoked six to nine cigarettes. Moreover, one in three men smoked ten cigarettes or more in the last 24 hours.

Older men are more likely than younger men to smoke more cigarettes. Whereas 42 percent of men age 20-24 smoked ten or more cigarettes in the past 24 hours, only 23 percent of men age 15-19 did so. Men in urban areas and in rural areas smoke a similar number of cigarettes. There is no clear pattern associating level of education with the number of cigarettes smoked.

Table 7.3 Number of cigarettes smoked

Percent distribution of men age 15-24 who are current smokers by number of cigarettes smoked in past 24 hours, according to background characteristics, IYARHS 2002-2003

Background characteristic	Number of cigarettes					Total	Number of men
	1-2	3-5	6-9	10+	Missing		
Age							
15-19	22.4	32.5	19.9	22.9	2.3	100.0	694
20-24	8.8	18.7	30.0	41.8	0.7	100.0	673
Residence							
Urban	16.4	22.1	29.6	30.7	1.2	100.0	699
Rural	15.0	29.5	19.9	33.8	1.8	100.0	669
Education							
Less than completed primary	14.0	24.2	20.4	39.2	2.2	100.0	118
Completed primary	10.5	28.4	28.3	32.2	0.6	100.0	278
Some secondary	21.8	28.0	19.9	28.1	2.2	100.0	599
Complete secondary	10.3	20.5	31.6	36.7	0.8	100.0	373
Total	15.7	25.7	24.9	32.2	1.5	100.0	1,368

7.2 Alcohol Drinking

Patterns of alcohol drinking vary considerably with cultural settings. Since the population of Indonesia is predominantly Muslim, alcohol drinking is not part of their cultural tradition. In fact, in some communities, alcohol drinking is regarded as not socially acceptable.

In the 2002-2003 IYARHS, respondents were asked a series of questions about alcohol consumption, including whether they had ever drunk an alcoholic beverage and the age at which they drank alcohol for the first time. To get a measure of the regularity and intensity of drinking behavior, interviewers asked respondents who had ever drunk alcohol how many days they drank alcohol in the past three months and whether they had ever been drunk.

Based on alcohol drinking behavior, there are three categories of respondents:

- Nondrinkers, or lifetime abstainers, are those who have never consumed any type of alcohol.
- Ex-drinkers are those who have drunk alcohol at some time but did not consume any drinks during the three months preceding the survey.

- Current drinkers are those who consumed one or more alcohol-containing drinks in the three months preceding the survey. Current drinkers are classified into two categories: 1) daily drinkers, who drink alcohol at least once a day, and 2) occasional drinkers, who drink, but not everyday.

Table 7.4 and Figure 7.3 show that drinking is not very popular among young adults in Indonesia, particularly women. Ninety-eight percent of women report that they are nondrinkers. Among those who have ever drunk alcohol, none drink daily, 1 percent are occasional drinkers, and 2 percent have drunk alcohol at some time but have not done so in the past three months.

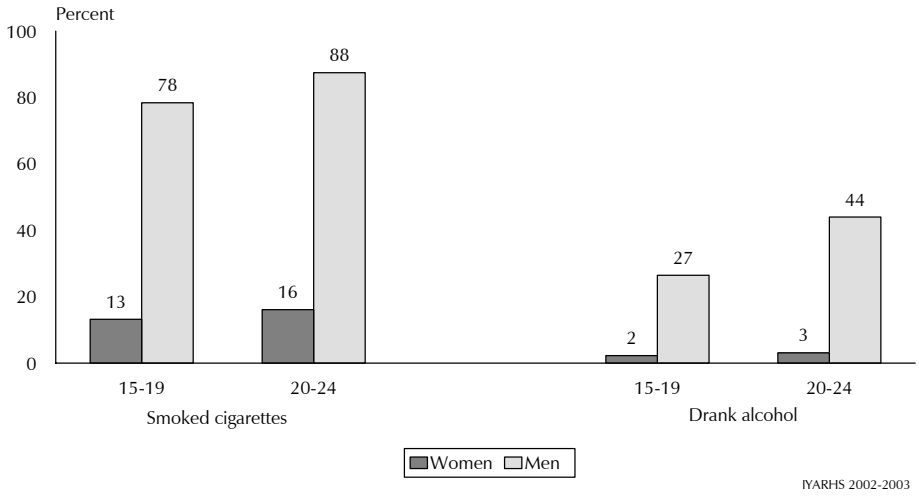
Table 7.4 Alcohol drinking

Percent distribution of unmarried women and men age 15-24 by alcohol drinking behavior, according to background characteristics, IYARHS 2002-2003

Background characteristic	Non-drinkers	Ex-drinkers	Current drinkers		Total	Number
			Occasional	Daily		
WOMEN						
Age						
15-19	97.7	1.4	0.9	a	100.0	1,214
20-24	96.9	2.4	0.7	a	100.0	601
Residence						
Urban	96.8	2.2	1.0	a	100.0	1,179
Rural	98.7	0.8	0.6	a	100.0	636
Education						
Less than completed primary	99.1	0.9	0.0	a	100.0	99
Completed primary	96.8	1.9	1.3	a	100.0	230
Some secondary	97.9	1.1	1.0	a	100.0	872
Complete secondary	96.8	2.6	0.6	a	100.0	614
Total	97.5	1.7	0.9	a	100.0	1,815
MEN						
Age						
15-19	73.3	13.6	12.6	0.4	100.0	1,377
20-24	54.9	23.1	20.0	2.0	100.0	964
Residence						
Urban	61.9	20.8	15.9	1.4	100.0	1,262
Rural	70.3	13.6	15.4	0.7	100.0	1,079
Education						
Less than completed primary	64.6	14.5	19.8	1.0	100.0	173
Completed primary	67.5	16.1	15.8	0.5	100.0	385
Some secondary	69.9	14.3	15.2	0.6	100.0	1,111
Complete secondary	58.1	24.4	15.3	2.2	100.0	673
Total	65.8	17.5	15.7	1.1	100.0	2,341

a = Less than 0.1 percent

Figure 7.3
Percentage of Unmarried Women and Men Age 15-24 Who Have Ever Smoked Cigarettes and Percentage Who Have Ever Drunk Alcohol



Men are more likely than women to drink alcohol. A total of 34 percent of men have drunk alcohol at some time. Of these, 1 percent drink daily, 16 percent are occasional drinkers, and 18 percent have not drunk in the past three months. Older men, those who live in urban areas, and better educated men are more likely than other subgroups to have drunk alcohol, but they are also more likely to have stopped drinking. For example, 73 percent of men age 15-19 are nondrinkers, compared with 55 percent of those age 20-24, and 14 percent of men age 15-19 are ex-drinkers, compared with 23 percent of those age 20-24.

These findings are supported by data from the 2001 National Health Survey that indicated that only 2 percent of women age 15 and older have drunk alcohol. The corresponding percentage for men is 23 percent. The survey further shows that 6 percent of men and 1 percent of women are current drinkers (NIHRD, 2002b).

7.2.1 Initiation of Drinking

As in the case of cigarette smoking, differences between subgroups of women are hard to discern because of the small number of cases. Table 7.5 shows data for men indicating that, as in the case of smoking, drinking starts early. Among men who have ever drunk alcohol, 13 percent started to drink by age 14. By age 16, 43 percent of men have drunk alcohol. Data in the table also show that young men started to drink at an earlier age. For all specific ages at first drinking, except 18 or older, the proportion of men age 15-19 is higher than that of men age 20-24. For example, while 8 percent of men 20-24 drank at age 15, 23 percent of men age 15-19 drank by age 15. Similarly, 63 percent of men age 15-19 have drunk alcohol by age 16, compared with 26 percent of men age 20-24.

Table 7.5 Initiation of drinking

Percent distribution of unmarried men age 15-24 who have ever drunk alcohol by age at which first drank, according to background characteristics, IYARHS, 2002-2003

Background characteristic	First drank alcohol by exact age: < 14	14	15	16	17	18+	Total	Number
Age								
15-19	12.1	7.9	23.1	20.3	18.8	13.9	100.0	365
20-24	4.4	2.8	8.3	10.3	16.9	53.9	100.0	424
Residence								
Urban	9.5	5.6	15.1	15.4	17.4	34.1	100.0	471
Rural	5.6	4.6	15.2	14.2	18.4	37.3	100.0	318
Education								
Less than completed primary	3.5	5.6	25.6	9.2	17.1	34.6	100.0	61
Completed primary	6.7	4.9	19.4	16.8	12.0	39.1	100.0	125
Some secondary	9.8	6.9	17.9	15.9	15.2	29.7	100.0	331
Complete secondary	7.4	3.1	7.5	14.1	23.8	40.8	100.0	272
Total	8.0	5.2	15.1	14.9	17.8	35.4	100.0	789

Table 7.6 shows that about one-third of young, unmarried men have drunk alcohol at some time. Of them, about half say that they drank in the three months preceding the survey, and half say that they have been drunk. There are few differences by background characteristics.

Table 7.6 Drinking behavior

Percentage of unmarried men age 15-24 who have ever drunk alcohol, and among these the percentage who drank in the three months preceding the survey, and the percentage who have ever been drunk, by background characteristics, IYARHS 2002-2003

Background characteristic	Ever drank alcohol	Number	Drank alcohol in past 3 months	Ever been drunk	Number
Age					
15-19	26.5	1,377	47.8	41.4	365
20-24	44.0	964	45.4	51.1	424
Residence					
Urban	37.3	1,262	42.6	50.9	471
Rural	29.5	1,079	52.3	40.2	318
Education					
Less than completed primary	35.4	173	56.1	44.1	61
Completed primary	32.5	385	48.8	51.2	125
Some secondary	29.8	1,111	50.9	44.2	331
Secondary+	40.4	673	37.9	48.0	272
Total	33.7	2,341	46.5	46.6	789

7.3 Drug Use

In the 2002-2003 IYARHS, the section on drug use was introduced by asking respondents if they know someone who takes drugs such as *ganja*, *putau*, or *shabu-shabu*, that people can use for fun or to get high. Prior to the data collection, field teams were encouraged to find out local terms for drugs and the state of being "high," in addition to those already in the questionnaire. Regardless of the response, respondents were asked whether they themselves had used drugs, and how they used them. Recognizing that as well as being hazardous to health, the use of drugs is not socially acceptable, and is classified as a criminal act, it should be expected that drug use will be underreported.

Less than 1 percent of women in the survey reported having used drugs, and all of them smoked the drug (data not shown). Since the number of female respondents who have used drugs is small, Table 7.7 presents data for men only.

Eight percent of men age 15-24 reported having used drugs, and almost all of them have smoked the drug. About 3 percent of these respondents reported that they inhaled, injected, or drank or swallowed the drug.

Table 7.7 Use of drugs

Percentage of unmarried men age 15-24 who have never used drugs and percentage who have smoked, inhaled, injected, drunk, or swallowed drugs, by background characteristics, IYARHS, 2002-2003

Background characteristic	Never used drugs	Method of drug use					Number
		Smoked	Inhaled	Injected	Drunk/ swallowed drugs	Other, missing	
Age							
15-19	94.7	3.9	0.3	0.2	1.6	0.0	1,377
20-24	89.3	9.1	1.4	0.5	2.1	0.2	964
Residence							
Urban	89.9	8.0	1.2	0.4	2.5	0.1	1,262
Rural	95.6	3.7	0.3	0.2	0.9	0.0	1,079
Education							
Less than completed primary	93.4	6.6	0.9	0.0	0.0	0.0	173
Completed primary	96.5	3.1	0.0	0.0	0.7	0.0	385
Some secondary	93.8	4.4	0.5	0.0	2.1	0.2	1,111
Secondary +	87.9	10.3	1.6	0.9	2.3	0.0	673
Total	92.5	6.0	0.8	0.3	1.8	0.1	2,341

Figure 7.3 summarizes the data on the prevalence of smoking and drinking among unmarried women and men in the survey.

KNOWLEDGE OF HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

8

8.1 KNOWLEDGE OF HIV/AIDS

One of the realms of policy and law agreed to at the Cairo and Beijing conferences is to develop integrated service, information, and educational programs for adolescents that address sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion, sexually transmitted infections (STIs), and HIV/AIDS (Weiss et al., 1996). Research suggests that knowledge alone is not enough to change sexual behavior. Youth must understand the long-term consequences of unsafe sexual practices and feel empowered to practice healthy behaviors. The operational strategy of adolescent-sensitive health services in Indonesia (*Pelayanan Kesehatan Peduli Remaja*) is to improve the health status of adolescents through increasing knowledge and promoting healthy attitudes and practices of adolescence health and sexuality. It has been well established that besides a host of debilitating reproductive health consequences of STIs, including infertility, their presence can increase the likelihood of HIV transmission. In the absence of a cure for HIV/AIDS, the main strategy for combating the epidemic has been focused on avoiding HIV infection through abstinence, limiting the number of sexual partners and condom use. The information, education, and communication (IEC) programs aimed at HIV/AIDS prevention focus on abstinence, being faithful to one partner, using a condom, avoiding a blood transfusion without screening, and using sterilized medical/nonmedical instruments (Ministry of Health, 2003). This strategy depends heavily on the knowledge of the population in general and of adolescents in particular, as well as their perception of HIV and AIDS. For this reason, the 2002-2003 Indonesia Young Adult Reproductive Health Survey (IYARHS) respondents were asked questions to gauge their knowledge of HIV/AIDS and other STIs, and their behaviors.

Table 8.1 shows the percentage of unmarried women and men age 15-24 who have heard of AIDS and who believe that there is a way to avoid HIV or AIDS, by background characteristics. Most respondents (87 percent of women and 81 percent of men) have heard of HIV/AIDS. A study in four provinces (South Sumatra, West Kalimantan, East Nusa Tenggara, and West Java) among young adults age 15-24 in 2002 reported a similar pattern (Demographic Institute et al., 2002). Overall, 73 percent of women and 80 percent of men have heard of AIDS.

Table 8.1 Knowledge of HIV/AIDS

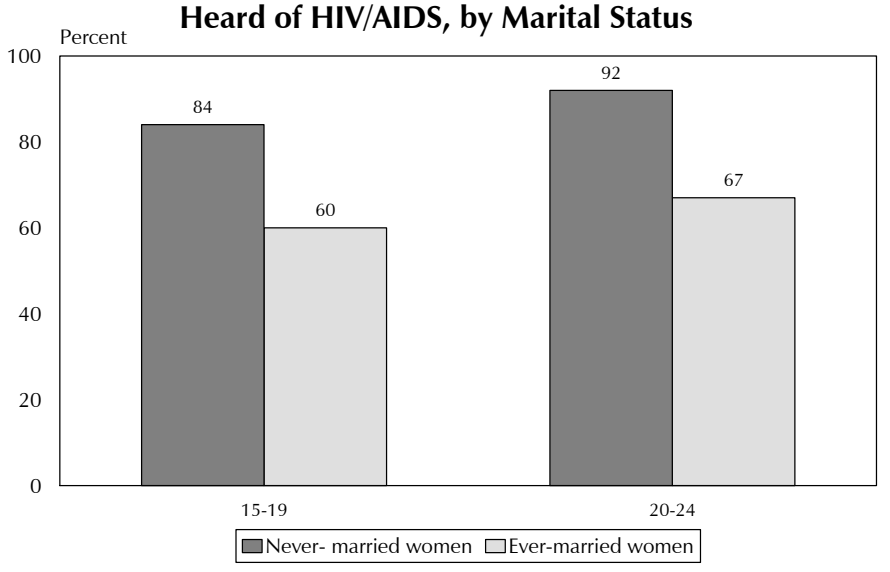
Percentage of unmarried women and men age 15-24 who have heard of AIDS and who believe that there is a way to avoid HIV/AIDS, by background characteristics, IYARHS 2002-2003

	Women			Men		
Background characteristic	Has heard of AIDS	Believes there is a way to avoid HIV/AIDS	Number	Has heard of AIDS	Believes there is a way to avoid HIV/AIDS	Number
Age						
15-19	84.0	61.1	1,214	78.4	58.6	1,377
20-24	91.6	79.0	601	85.7	72.7	964
Residence						
Urban	92.3	75.4	1,179	90.1	76.1	1,262
Rural	75.7	51.6	636	71.3	50.8	1,079
Education						
Less than completed primary	52.0	22.4	99	46.2	23.4	173
Completed primary	61.9	40.4	230	55.2	33.0	385
Some secondary	88.4	63.0	872	85.4	64.7	1,111
Completed secondary	98.7	90.0	614	99.0	92.5	673
Total	86.5	67.1	1,815	81.4	64.4	2,341

The second indicator on knowledge of HIV/AIDS shown in Table 8.1 refers to the perceptions of women and men as to whether there is a way to avoid the AIDS virus. Overall, 67 percent of women and 64 percent of men say that HIV/AIDS can be avoided. Older respondents, those who live in urban areas, and better educated persons ones are more likely than other subgroups to believe that there is a way to avoid HIV/AIDS. However, the differences across education are most notable. For example, nine in ten women with secondary or higher education believe that there is a way to avoid getting the disease, compared with two in ten (22 percent) women with no education.

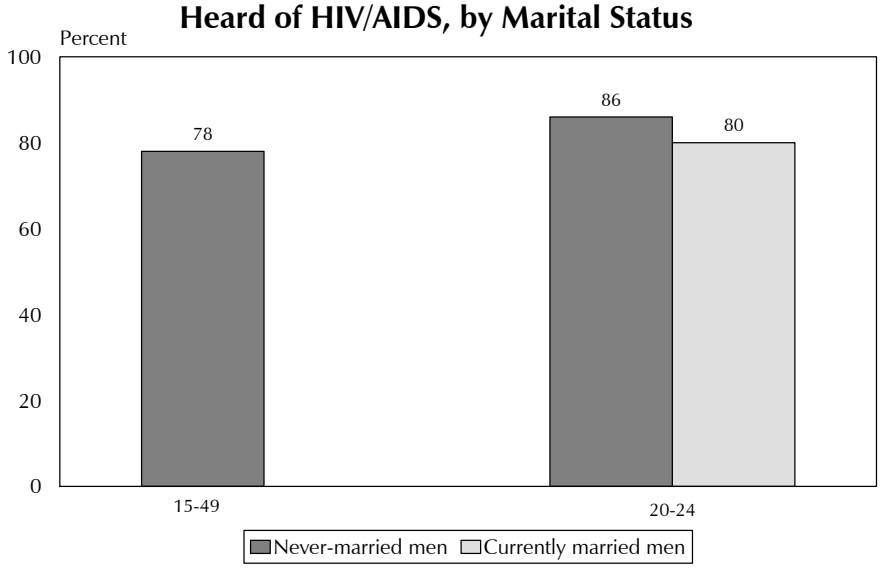
Figures 8.1 and 8.2 show the difference in knowledge of HIV/AIDS between never-married young adults in Indonesia and their peers who have been married. Data for ever-married respondents are taken from the 2002-2003 Indonesia Demographic and Health Survey (IDHS) (BPS-Statistics Indonesia and ORC Macro, 2003). Regardless of age, never-married women and men are much more likely than their ever-married counterparts to have heard of HIV/AIDS. For example, while 92 percent of unmarried women age 20-24 know about HIV/AIDS, the corresponding proportion for ever-married women of the same age is only 67 percent.

Figure 8.1
Percentage of Women Age 15-24 Who Have Heard of HIV/AIDS, by Marital Status



IYARHS 2002-2003

Figure 8.2
Percentage of Men Age 15-24 Who Have Heard of HIV/AIDS, by Marital Status



Note: The number of married men age 15-19 is too small to be presented. IYARHS 2002-2003

8.2 KNOWLEDGE OF WAYS TO AVOID CONTRACTING HIV/AIDS

The 2002-2003 IYARHS collected information on knowledge of HIV/AIDS prevention and avoidance in two ways: first, if a respondent reported that AIDS could be avoided, an open-ended or "spontaneous" question was asked about "how a person can avoid getting the virus that causes AIDS." Respondents were allowed to report as many ways to avoid HIV/AIDS as they knew. Next, respondents were asked specific questions (prompted) on specific ways to avoid HIV transmission.

Table 8.2 presents data obtained from the first of these approaches. The responses do not total to 100 percent because multiple responses were permitted. The denominator includes all unmarried women and men age 15-24, including those who reported that they did not know about HIV/AIDS, that they did not know whether it could be avoided, and that they thought HIV/AIDS could not be avoided. The results show that 36 percent of women and 39 percent of men have not heard of HIV/AIDS or do not know that HIV/AIDS can be avoided. Twenty-two percent of women and 38 percent of men believe that AIDS cannot be avoided.

Table 8.2 Knowledge of ways to avoid HIV/AIDS

Percentage of unmarried women and men age 15-24 who spontaneously mention ways to avoid HIV/AIDS, IYARHS 2002-2003

Background characteristic	Women	Men
Does not know HIV/AIDS or does not know ways to avoid HIV/AIDS	35.9	39.0
Believes no way to avoid AIDS	21.7	37.7
Does not know specific ways[1]	28.7	17.9
Abstain from sex	13.9	9.3
Use condoms	17.8	24.5
Limit sex to one partner/stay faithful to one partner	10.9	8.2
Limit number of sexual partners	1.7	1.0
Avoid sex with prostitutes	7.4	4.4
Avoid sex with person who have many partners	5.5	3.6
Avoid sex with homosexuals	13.7	5.5
Avoid sex with persons who inject drugs intravenously	0.2	0.6
Avoid blood transfusions	0.4	0.8
Avoid injections	0.0	0.1
Avoid sharing razor/blades	0.0	0.1
Avoid kissing	11.1	4.9
Number	1,815	2,341

[1] Believes there is something a person can do to avoid AIDS, but could not spontaneously mention any specific way

Table 8.2 further shows that knowledge of the most important means to avoid HIV infection among Indonesian adolescents is limited; only 14 percent of women and 9 percent of men mentioned abstinence, 18 percent of women and 25 percent of men mentioned the use of condoms, and 11 percent of women and 8 percent of men mentioned limiting the number of sexual partners as ways to avoid HIV/AIDS. The most common responses for women on ways to avoid getting HIV are to use condoms (18 percent), abstain from sex, and avoid sex with homosexuals (14 percent each). The most common responses for men are to use condoms (25 percent) and abstain from sex (9 percent).

8.3 KNOWLEDGE OF PROGRAMMATICALLY IMPORTANT WAYS TO AVOID HIV/AIDS

Programs that promote behavioral change to prevent the spread of HIV/AIDS focus on abstinence, limiting the number of sexual partners, and using condoms. These are considered to be the main programmatically important ways to avoid HIV/AIDS. Table 8.3 shows the percent distribution of respondents who reported zero, one, or two or three ways to avoid HIV/AIDS. Data in the table come from prompted questions regarding each of the programmatically important ways to avoid HIV/AIDS transmission. Data show that knowledge varies across subgroups of respondents. Younger and rural respondents are more likely than other respondents to say that there is no way to avoid HIV/AIDS.

Table 8.3 Knowledge of programmatically important ways to avoid HIV/AIDS

Percent distribution of unmarried women and men age 15-24 by knowledge of three programmatically important ways to avoid HIV/AIDS, and percentage who know specific ways to avoid HIV/AIDS, according to background characteristics, IYARHS 2002-2003

Background characteristic	Knowledge of programmatically important ways to avoid HIV/AIDS				Knowledge of specific ways to avoid HIV/AIDS		
	None[1]	One way	Two or three ways	Total	Use condom	Limit number of sexual partners	Number
WOMEN							
Age							
15-19	66.3	27.7	6.0	100.0	14.8	19.1	1,214
20-24	48.3	37.9	13.8	100.0	24.9	34.6	601
Residence							
Urban	51.7	37.8	10.5	100.0	23.4	29.3	1,179
Rural	76.4	18.8	4.9	100.0	8.4	14.8	636
Education							
Less than completed primary	94.8	4.1	1.0	100.0	1.7	3.8	99
Completed primary	83.9	11.4	4.7	100.0	8.0	9.0	230
Some secondary	67.3	26.9	5.8	100.0	12.5	19.4	872
Completed secondary	36.1	48.8	15.1	100.0	32.6	40.0	614
Total	60.3	31.1	8.6	100.0	18.1	24.2	1,815
MEN							
Age							
15-19	60.1	32.5	7.4	100.0	30.6	12.1	1,377
20-24	46.4	40.1	13.6	100.0	39.1	20.4	964
Residence							
Urban	42.6	42.4	15.0	100.0	43.6	22.5	1,262
Rural	68.3	27.6	4.1	100.0	23.0	7.3	1,079
Education							
Less than completed primary	88.2	10.0	1.8	100.0	10.6	2.6	173
Completed primary	78.9	20.3	0.8	100.0	14.4	4.2	385
Some secondary	58.7	35.4	5.9	100.0	31.0	11.7	1,111
Completed secondary	24.6	51.4	24.0	100.0	56.4	31.6	673
Total	54.4	35.6	10.0	100.0	34.1	15.5	2,341

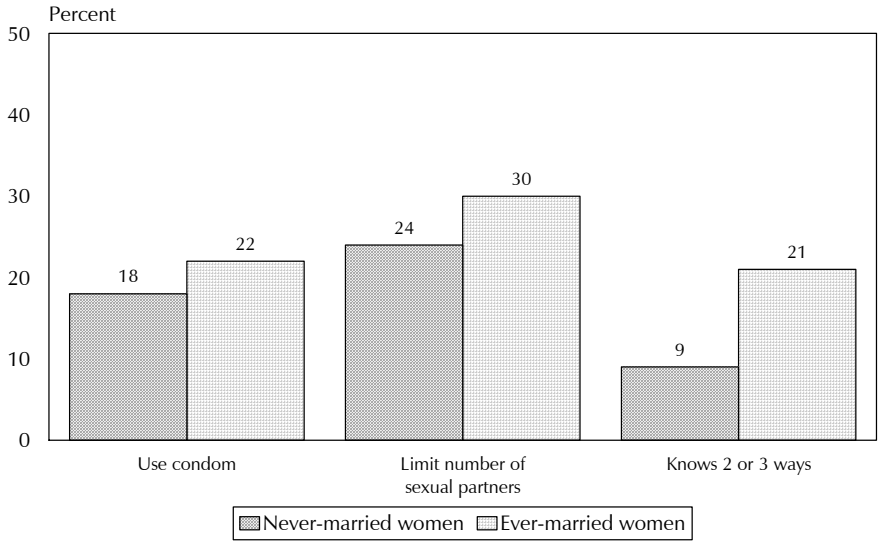
[1] Those who have not heard of HIV/AIDS or do not know of any programmatically important ways to avoid HIV/AIDS

The most notable variation in knowledge of ways to avoid HIV/AIDS is by the level of education. Women and men with completed secondary education are the most knowledgeable about specific ways to avoid HIV/AIDS. Lack of knowledge is highest among women and men with less than completed primary education (95 and 88 percent, respectively).

Two programmatically important ways to avoid HIV/AIDS are use of condoms and limiting the number of sexual partners or being faithful to one partner. Table 8.3 shows that only 18 percent of women and 34 percent of men cite the use of condoms as a means to avoid HIV/AIDS, while limiting the number of sexual partners is mentioned by 24 percent of women and 16 percent of men.

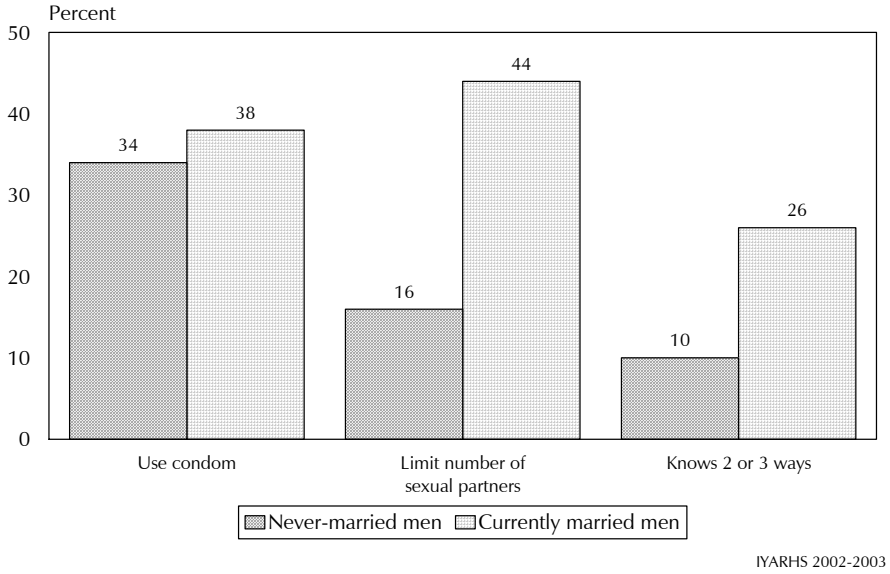
Figure 8.3 shows that ever-married women are slightly more likely than never-married women to have knowledge of programmatically important ways to avoid HIV/AIDS (in particular, condom use and limiting the number of sexual partners). For both women and men, never-married women and men are less likely than their ever-married counterparts to mention these important ways of avoiding HIV/AIDS (Figure 8.4).

Figure 8.3
Knowledge of Ways to Avoid HIV/AIDS Among Women Age 15-24, by Marital Status



IYARHS 2002-2003

Figure 8.4
Knowledge of Ways to Avoid HIV/AIDS Among Men Age 15-24, by Marital Status



8.4 KNOWLEDGE OF HIV/AIDS-RELATED ISSUES

Table 8.4 shows responses to another important question on HIV/AIDS information: whether the respondents think that they can tell from looking at someone whether the person carries the HIV virus. Twelve percent of women and 11 percent of men correctly say that a healthy-looking person can have the HIV/AIDS. The level of knowledge does not show wide variation by the respondent's age and residence. However, those with less education are less likely to give the correct response. For example, while 17 percent of women who completed secondary education say that a healthy-looking person can have the HIV/AIDS, the corresponding proportion among women with less than completed primary education is 4 percent.

One of the objectives of HIV/AIDS prevention is to reduce the incidence of mother-to-child transmission of HIV. In the 2002-2003 IYARHS, respondents were asked whether they thought that HIV can be transmitted from a mother to a child during pregnancy, during delivery, and during breastfeeding. The results indicate that 60 percent of women and 51 percent of men think that HIV/AIDS can be transmitted from mother to child during delivery. The percentages of women and men who think that the transmission can take place during pregnancy and breastfeeding are lower. Among women, 49 percent think that HIV can be transmitted during delivery and 56 percent think that HIV can be transmitted during breastfeeding. The corresponding figures for men are 43 and 48 percent, respectively.

Table 8.4 Knowledge of HIV/AIDS-related issues

Percentage of unmarried women and men age 15-24 who gave specific responses to questions on various HIV/AIDS related issues, by background characteristics, IYARHS 2002-2003

Background characteristic	Percentage who say a healthy-looking person can have the AIDS virus	Percentage who say HIV/AIDS can be transmitted from mother to child			Number
		During delivery	During pregnancy	Through breast-feeding	
WOMEN					
Age					
15-19	11.2	56.4	46.1	54.5	1,214
20-24	13.7	67.4	55.5	59.8	601
Residence					
Urban	13.1	66.7	53.7	60.9	1,179
Rural	10.1	47.9	40.9	47.8	636
Education					
Less than completed primary	3.9	20.3	15.0	19.5	99
Completed primary	5.2	31.3	21.5	29.1	230
Some secondary	11.3	57.1	47.4	58.0	872
Completed secondary	16.9	81.5	67.7	70.1	614
Total	12.0	60.1	49.2	56.3	1,815
MEN					
Age					
15-19	10.2	47.4	39.2	44.3	1,377
20-24	12.2	56.6	48.5	52.3	964
Residence					
Urban	10.8	60.9	50.9	54.9	1,262
Rural	11.3	39.9	33.9	39.1	1,079
Education					
Less than completed primary	6.1	24.1	22.8	20.1	173
Completed primary	9.6	24.8	21.8	26.3	385
Some secondary	10.6	51.3	42.3	48.7	1,111
Completed secondary	13.7	73.1	61.7	65.2	673
Total	11.0	51.2	43.1	47.6	2,341

8.5 SOCIAL ASPECTS OF HIV/AIDS

In the 2002-2003 IYARHS, respondents were asked, "If a family member or a relative is infected with the virus that causes AIDS, would you keep this fact private?" Table 8.5 shows that 51 percent of women and 56 percent of men believe that the HIV status of a family member should be kept private. Younger respondents are more likely than older respondents to say that a relative's HIV status should be kept private. The sentiment does not vary much across the respondents' residence and education, except for respondents with some secondary education, who show the highest proportions.

Table 8.5 Social aspects of HIV/AIDS

Among unmarried women and men age 15-24 who have heard of AIDS, the percentage who provided specific responses to questions on the social aspects of HIV/AIDS, by background characteristics, IYARHS, 2002-2003

Background characteristic	Women			Men		
	Believes that HIV status of family member should be kept secret	Not willing to care for family member or relative with AIDS at home	Number	Believes that HIV status of family member should be kept secret	Not willing to care for family member or relative with AIDS at home	Number
Age						
15-19	54.3	14.4	1,020	59.3	15.3	1,080
20-24	44.8	17.7	551	51.6	10.7	826
Residence						
Urban	51.1	13.3	1,088	57.2	11.4	1,137
Rural	50.7	20.8	482	54.2	16.1	769
Education						
Less than completed primary	45.4	24.7	52	59.2	22.3	80
Completed primary	46.6	20.3	142	51.0	13.6	212
Some secondary	55.8	16.2	770	58.1	14.0	948
Completed secondary	46.4	12.9	606	54.2	11.0	666
Total	51.0	15.6	1,570	56.0	13.3	1,906

In the 2002-2003 IYARHS, the respondents were also asked, "If a family member or a relative is infected with the virus that causes AIDS, would you be willing to care for her or him in your own household?" Sixteen percent of women and 13 percent of men say that they would not be willing to care for a relative with AIDS at their home. Younger respondents, those living in rural areas, and those with no education are more likely to be unwilling to care for relatives with AIDS.

8.6 SOURCE OF INFORMATION ON HIV/AIDS

Table 8.6 shows the percentage of women and men who have heard of HIV/AIDS by source of information and background characteristics. Respondents were allowed to report more than one source. Television is by far the most important media for obtaining information about HIV/AIDS, with 84 percent of women and 83 percent of men having heard of HIV/AIDS from television. The next most popular media is the radio, with four in ten women and men having heard about HIV/AIDS from the radio. Printed media such as newspapers and magazines are reported as a source of information on HIV/AIDS by 34 percent of women and 31 percent of men.

Table 8.6 Source of information on HIV/AIDS

Among unmarried women and men age 15-24 who have heard of HIV/AIDS, percentage who received information about HIV/AIDS from specific sources, IYARHS 2002-2003

Source	Women	Men
Radio	41.0	42.3
Television	84.0	82.7
Newspaper/magazine	33.7	30.8
Poster	4.1	4.9
Health professional	2.9	4.6
Mosque/church	0.3	0.5
School/teacher	52.3	45.9
Community meeting	3.8	1.6
Friend/relative	26.2	33.3
Work place	1.7	0.9
Other	1.9	0.6
Missing	0.1	0.1
Number	1,570	1,906

Personal contacts are important sources of information on HIV/AIDS. More than half of all women (52 percent) and 46 percent of men said that they received information on this topic at school or from their teacher. Friends and relatives were a source of information about

HIV/AIDS, as reported by 26 percent of women and 33 percent of men. Health professionals were rarely cited as a source of information on HIV/AIDS (3 percent and 5 percent among unmarried women and men, respectively).

8.7 TESTING FOR HIV

In the 2002-2003 IYARHS, respondents who had heard of HIV/AIDS were asked whether they knew of a test for HIV and whether they knew where the test could be obtained. The findings are presented in Table 8.7. Overall, 35 percent of women and 38 percent of men know that there is a test to identify whether a person is infected with HIV. Older respondents, those living in urban areas, and respondents with higher education are more likely than other subgroups to know about the HIV test.

When asked whether they knew where the test could be obtained, 27 percent of women and 30 percent of men gave a positive response. The survey did not ask whether the respondent could name the source. Knowledge of a source for HIV testing is higher among older respondents, those living in urban areas, and respondents with higher education.

Table 8.7 Testing for HIV

Among unmarried women and men age 15-24 who have heard of AIDS, percentage who know of a test for HIV and percentage who know of a source for the HIV test, by background characteristics, IYARHS 2002-2003

	Women			Men		
Background characteristic	Percentage who know of HIV test	Percentage who know source for HIV test	Number	Percentage who know of HIV test	Percentage who know source for HIV test	Number
Age						
15-19	30.5	24.1	1,020	34.6	27.4	1,080
20-24	44.2	33.1	551	41.4	34.2	826
Residence						
Urban	40.6	31.4	1,088	43.4	35.3	1,137
Rural	23.4	17.8	482	28.8	23.0	769
Education						
Less than completed primary	15.1	13.8	52	16.3	9.5	80
Completed primary	12.4	9.9	142	23.5	20.9	212
Some secondary	30.3	23.4	770	33.7	26.7	948
Completed secondary	48.9	37.4	606	50.0	41.0	666
Total	35.3	27.2	1,570	37.5	30.3	1,906

8.8 KNOWLEDGE OF OTHER SEXUALLY TRANSMITTED INFECTIONS

Knowledge of sexually transmitted infections (STIs) other than HIV/AIDS was investigated in the 2002-2003 IYARHS. Respondents were asked whether they had heard of STIs and whether they could name such infections. There was no attempt in the survey to find out whether respondents knew more about these diseases than just the names.

A large proportion of respondents (66 percent of women and 60 percent of men) reported having no knowledge of sexually transmitted infections (STIs) other than HIV/AIDS (data not shown). Table 8.8 shows that among women who know of other STIs and were able to name these diseases, 65 percent mentioned syphilis and 27 percent cited gonorrhea. Knowledge among men shows a different pattern from women; men are more likely than women to mention syphilis (86 percent), while only 28 percent cite gonorrhea. A large proportion of respondents mentioned other infections—genital warts/condylomata, chancroid, chlamydia, candida, and genital herpes—each of which is too small to be presented separately. This group also includes infections that could not be classified in any of the survey categories.

Table 8.8 Knowledge of other sexually transmitted infections

Percentage of unmarried women and men age 15-24 who have heard of other sexually transmitted infections, by background characteristics, IYARHS 2002-2003

Background characteristic	Other sexually transmitted infections				Number
	Syphilis	Gonorrhea	Genital herpes	Other	
WOMEN					
Age					
15-19	61.7	23.2	5.8	23.8	340
20-24	68.0	32.3	9.3	19.0	286
Residence					
Urban	64.8	27.5	8.2	21.0	511
Rural	63.6	26.6	3.8	24.5	115
Education					
Less than completed primary	*	*	*	*	7
Completed primary	*	*	*	*	13
Some secondary	58.8	23.0	5.5	24.7	212
Completed secondary	69.0	29.8	7.6	19.5	394
Total	64.6	27.3	7.4	21.6	626
MEN					
Age					
15-19	81.9	25.9	1.9	9.6	408
20-24	89.6	28.9	1.4	4.9	530
Residence					
Urban	90.3	30.5	1.1	5.6	643
Rural	77.3	21.3	2.7	9.9	294
Education					
Less than completed primary	(47.3)	(36.6)	(8.7)	(16.2)	29
Completed primary	77.0	16.5	2.9	7.7	62
Some secondary	83.4	20.8	1.7	9.3	343
Completed secondary	91.5	33.1	1.0	4.7	504
Total	86.2	27.6	1.6	6.9	937

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

8.9 SOURCE OF INFORMATION ABOUT SEXUALLY TRANSMITTED INFECTIONS OTHER THAN HIV/AIDS

Table 8.9 shows the percentage of women and men who have heard about sexually transmitted infections other than HIV/AIDS, by source of information. As in the case of sources of information on HIV/AIDS, respondents could report hearing about STIs from more than one source. Knowledge of STIs other than HIV/AIDS is limited and has a very different pattern from that of HIV/AIDS. Furthermore, the source varies by the respondent's gender. For women, the main source of information is the school environment (61 percent), while for men, the key source for information on STIs is friends and relatives (53 percent). One in four women mentioned friends and relatives, while 47 percent of men mentioned school or teachers as a source of information on STIs. Both women and men consider television an important source of information about STIs (44 percent of women and 41 percent of men).

Table 8.9 Source of information on sexually transmitted infections other than HIV/AIDS

Among unmarried women and men age 15-24 who have heard of sexually transmitted diseases other than HIV/AIDS, percentage who received information about these infections from specific sources, IYARHS 2002-2003

Source	Women	Men
Radio	26.3	26.5
Television	44.3	40.7
Newspaper/magazine	32.6	29.7
Health professional	5.0	5.4
Poster	1.9	4.3
School/teacher	61.4	46.9
Friend/relative	24.5	53.2
Number	626	937

8.10 KNOWLEDGE OF SYMPTOMS OF SEXUALLY TRANSMITTED INFECTIONS

While some women know about STIs other than HIV/AIDS, this awareness is not always translated into knowledge about their symptoms. Table 8.10 shows that knowledge of STIs other than HIV/AIDS among Indonesian young adults is limited. Two in three women and six in ten men have no knowledge of symptoms of STIs. Among those who say that that have heard of STIs other than HIV/AIDS, a significant proportion cannot name any symptoms. Women's knowledge of the symptoms of STIs in a woman is about the same as their knowledge of the symptoms in a man. Overall, 18 percent of women reported no knowledge of the symptoms of STIs in women, and 17 percent have no knowledge of the symptoms of STIs in men. Men, on the other hand, are less knowledgeable about STI symptoms in women than in men. For example, while 16 percent of men mentioned two or more symptoms of STIs in a man, only 5 percent mentioned two or more symptoms in a woman.

The pattern of knowledge of the symptoms of STIs by background characteristics is similar for women and men. Knowledge of the symptoms of STIs is lower among younger respondents and those with less education.

Table 8.10 Knowledge of symptoms of STIs

Percentage of unmarried women and men age 15-24 with knowledge of symptoms associated with sexually transmitted infections (STIs) in a man and in a woman, by background characteristics, IYARHS 2002-2003

Background characteristic	No knowledge of STIs	Knowledge of symptoms in a man			Knowledge of symptoms in a woman			Number
		None	One	Two or more	None	One	Two or more	
				WOMEN				
Age								
15-19	72.0	14.4	6.1	7.5	15.9	6.7	5.5	1,214
20-24	52.5	20.6	9.8	17.2	21.6	10.0	15.9	601
Residence								
Urban	56.7	20.9	8.9	13.5	22.9	9.1	11.3	1,179
Rural	81.9	8.1	4.5	5.5	8.3	5.3	4.5	636
Education								
Less than completed primary	93.0	3.6	0.4	3.0	2.6	1.5	3.0	99
Completed primary	94.2	3.8	1.6	0.4	3.2	2.3	0.4	230
Some secondary	75.7	12.4	5.5	6.5	12.6	6.3	5.4	872
Completed secondary	35.9	29.0	13.3	21.8	33.1	13.0	18.0	614
Total	65.5	16.5	7.3	10.7	17.8	7.8	8.9	1,815
				MEN				
Age								
15-19	70.4	7.7	13.0	8.9	21.4	6.1	2.1	1,377
20-24	45.1	10.5	17.5	26.9	34.7	10.4	9.8	964
Residence								
Urban	49.1	10.3	19.6	21.0	32.1	10.8	8.0	1,262
Rural	72.7	7.2	9.3	10.7	20.8	4.4	2.1	1,079
Education								
Less than completed primary	83.2	3.2	5.3	8.3	13.9	1.0	1.9	173
Completed primary	84.0	4.4	6.9	4.7	12.4	3.1	0.5	385
Some secondary	69.1	9.0	12.9	8.9	24.2	4.8	1.9	1,111
Completed secondary	25.1	12.6	25.1	37.1	43.0	17.3	14.5	673
Total	60.0	8.9	14.9	16.3	26.9	7.9	5.3	2,341

9 DATING AND SEXUAL EXPERIENCE

With an increase in the number of years that young women are single, the possibility of premarital sexual activity and pregnancy also increases. In many Asian and Pacific societies, adolescent girls are particularly vulnerable to the risks associated with misinformed and unprotected sexual relationships, as well as the adverse consequences of adolescent pregnancy (United Nations Economic and Social Commission for Asia and the Pacific, 2001:10). Consequently, the proportion of births to unmarried adolescent women is increasing. This trend may continue unless contraceptive use also increases.

9.1 DATING

In an adolescent's life, dating can be considered a step toward finding a special person who provides companionship and shares experiences. In the 2002-2003 Indonesia Young Adult Reproductive Health Survey (IYARHS), respondents were asked whether they have ever had a girlfriend or boyfriend, which was defined in the questionnaire as a person of the opposite sex with whom the respondent had a romantic relationship. Table 9.1 shows that 30 percent of men said that they have never had a girlfriend, as compared with 25 percent of women who said that they never had a boyfriend.

Table 9.1 Age at first date

Percent distribution of unmarried women and men age 15-24 by specific age at first date, according to background characteristics, IYARHS 2002-2003

Background characteristic	Never had a boyfriend/ girlfriend	Age at first date						Total	Number
		≤13	14	15	16	17+	Don't know/ missing		
WOMEN									
Age									
15-19	31.9	11.5	11.3	20.2	12.9	11.7	0.5	100.0	1,214
20-24	11.7	5.8	3.5	10.7	17.7	50.1	0.5	100.0	601
Residence									
Urban	23.3	9.7	7.9	16.4	14.9	27.1	0.6	100.0	1,179
Rural	28.7	9.5	10.2	18.3	13.7	19.4	0.4	100.0	636
Education									
Less than completed primary	39.6	4.9	5.2	10.8	16.2	22.3	1.0	100.0	99
Completed primary	26.8	10.4	7.7	18.7	10.7	24.9	0.8	100.0	230
Some secondary	33.0	10.6	11.9	19.9	11.7	12.3	0.5	100.0	872
Completed secondary	11.1	8.7	5.2	13.5	19.5	41.8	0.3	100.0	614
Total	25.2	9.6	8.7	17.1	14.5	24.4	0.5	100.0	1,815
MEN									
Age									
15-19	39.0	7.3	9.4	17.1	12.7	14.2	0.3	100.0	1,377
20-24	17.3	3.5	4.7	10.8	14.7	48.7	0.3	100.0	964
Residence									
Urban	26.4	6.0	8.9	15.6	13.5	29.5	0.2	100.0	1,262
Rural	34.4	5.4	5.9	13.2	13.5	27.2	0.4	100.0	1,079
Education									
Less than completed primary	38.3	2.9	5.2	11.1	9.0	33.3	0.2	100.0	173
Completed primary	32.3	3.6	4.4	9.2	14.2	36.0	0.3	100.0	385
Some secondary	36.2	8.7	9.9	16.5	11.8	16.6	0.4	100.0	1,111
Completed secondary	16.7	2.8	5.9	15.1	17.2	42.4	0.0	100.0	673
Total	30.1	5.7	7.5	14.5	13.5	28.4	0.3	100.0	2,341

For young people, the first date is usually remembered as an important event in which she or he has attracted the attention of the opposite sex. The first date may lead to a more serious, long-term relationship with the person from the opposite sex. Initiation of dating is more likely to occur at a younger age among women than men. Eighteen percent of women say that they have dated by age 14 compared with 13 percent of men.

For both women and men, younger respondents, those living in urban areas, and respondents with some secondary education are more likely to say that they have dated. For example, while 20 percent of women age 15-19 have started to date by age 15, the proportion for women age 20-24 is 11 percent. The corresponding proportions for men are 17 and 11 percent, respectively.

9.2 SEXUAL EXPERIENCE

9.2.1 Attitude about Premarital Sex

Increasing teenage pregnancy rates have prompted government organizations to provide reproductive health information and services to their peers. In collaboration with Perkumpulan Keluarga Berencana Indonesia (PKBI, the Indonesian chapter of the International Planned Parenthood Federation) and Badan Koordinasi Keluarga Berencana Nasional (BKKBN, the National Family Planning Coordinating Board), the United Nations Population Fund (UNFPA) supports the production of educational materials to reach parents, policymakers, and community leaders promoting the message "sex before marriage is not appropriate among youth" (UNFPA, 2000).

In the 2002-2003 IYARHS, respondents were asked about their attitudes and practices in dating and sexual relations. Because premarital sex is not widely accepted in Indonesia, respondents were asked first about their attitude toward premarital sex, the importance of virginity, and whether they know someone who had sex before marriage. These questions were asked to introduce this delicate topic. Table 9.2 presents these findings.

Table 9.2 Attitudes about premarital sex

Percentage of unmarried women and men age 15-24 who have an accepting attitude about premarital sex, by background characteristics, IYARHS 2002-2003

Background characteristic	Women			Men		
	Accept premarital sex for:			Accept premarital sex for:		
	Women	Men	Number	Women	Men	Number
Age						
15-19	1.7	3.1	1,214	2.6	5.6	1,377
20-24	1.2	2.8	601	2.3	7.2	964
Residence						
Urban	0.8	2.2	1,179	1.9	6.7	1,262
Rural	2.9	4.5	636	3.1	5.7	1,079
Education						
Less than completed primary	4.3	8.4	99	4.4	7.0	173
Completed primary	2.7	4.4	230	1.8	7.0	385
Some secondary	0.6	3.1	872	2.3	5.9	1,111
Completed secondary	1.3	1.6	614	2.7	6.2	673
Total	1.5	3.0	1,815	2.5	6.2	2,341

As expected, acceptance of premarital sex is low. An earlier survey of young adults also found that nearly all respondents disapprove of sexual activity before or outside of marriage (Achmad, 1999). Two important findings emerge from data in Table 9.2. In general, women are less likely than men to think that premarital sex is acceptable. While 3 percent of women accept premarital sex for men, 6 percent of men agree that men can have premarital sex. Less than 2 percent of women say that they accept premarital sex for women, but 3 percent of men accept premarital sex for women.

There are no significant differences in acceptance of sex before marriage by age or urban-rural residence. The largest differentials are found among women by level of eduacation. Women with no education are four times as likely to think premarital sex is acceptable for women and men than their educated peers.

In the 2002-2003 IYARHS, respondents who said that they think premarital sex is acceptable were asked about the reason for their attitude. Table 9.3 shows these data for men age 15-24. The number of women who find sex before marriage acceptable is too small to be presented in the table.

Table 9.3 Reasons for approval of premarital sex among men

Percentage of unmarried men age 15-24 who have an accepting attitude toward premarital sex, by specific reasons for approval of premarital sex and background characteristics, IYARHS 2002-2003

	Reason for accepting attitude about premarital sex					
Background characteristic	Like to have sex	Love each other	Plan to marry	Knows conse-quences	Show love	Number
Age						
15-19	65.7	67.2	61.3	34.0	55.1	80
20-24	61.2	56.5	56.5	30.5	46.1	71
Residence						
Urban	59.0	64.7	59.1	37.3	46.2	86
Rural	69.7	58.9	59.0	25.8	57.1	65
Total	63.6	62.2	59.1	32.4	50.9	151

In general, men are more likely than women to think premarital sex is acceptable. Six in ten men say that premarital sex is acceptable if the couple likes sex, loves each other, or plans to marry. More than half of all men think that premarital sex is acceptable sex if the couple has premarital sex to show love for each other, and three in ten say that premarital sex is acceptable if the couple knows the consequences. For all of the reasons specified in the survey, younger men (age 15-19) are consistently more likely than older men (age 20-24) to approve of premarital sex.

9.2.2 Attitudes toward Virginity

As expected, virginity is regarded highly among both women and men. Almost all women and men say that it is important for a woman to maintain her virginity (98 percent each). This perception does not vary much by age or residence. However, women and men with less than primary education are slightly less likely than educated respondents to agree that a woman should maintain her virginity. Survey respondents were also asked whether men value their future wife's virginity. The majority of the respondents said that men value their wife's virginity (87 percent of women and 90 percent of men). Slight variations are found across subgroups of respondents (Table 9.4).

Table 9.4 Attitudes toward virginity

Percentage of unmarried women and men age 15-24 who agree that a woman should maintain her virginity and percentage who think that men value their future wife's virginity, according to background characteristics, IYARHS 2002-2003

Background characteristic	Women		Men	
	Agrees women should maintain virginity	Thinks men value future wife's virginity	Agrees women should maintain virginity	Thinks men value future wife's virginity
Age				
15-19	97.8	87.9	97.8	91.9
20-24	97.2	83.7	97.0	87.6
Residence				
Urban	98.1	83.9	98.0	89.5
Rural	96.7	91.5	96.8	90.8
Education				
Less than completed primary	93.8	90.8	91.6	85.9
Completed primary	94.1	87.7	97.5	90.1
Some secondary	98.0	87.9	98.0	91.4
Completed secondary	99.0	83.5	98.1	89.1
Total	97.6	86.5	97.5	90.1
Number	1,815	1,815	2,341	2,341

9.2.3 Sexual Experience

The subject of sexual intercourse is very sensitive among unmarried young adults. Survey data on prevalence of socially unaccepted behaviors collected through personal interviews should be used with caution as they may involve wide confidence intervals (Mensch et al., 2001). A better method for collecting data on sexual behavior from young women is a combination of qualitative and quantitative methods (Weiss et al., 1996). Ever-married respondents are much more likely than unmarried persons to report premarital sex. Data from a survey of young adults in four provinces in Indonesia show that while 12 percent of ever-married men and 5 percent of ever-married women say that they had sex before marriage, only 3 percent of unmarried men and less than 1 percent of unmarried women report having had sex (Demographic Institute, 1999).

Table 9.5 Sexual experience among friends

Percentage of unmarried women and men age 15-24 who has a friend who has had sexual experience, according to background characteristics, IYARHS 2002-2003

Background characteristic	Women	Men
Age		
15-19	34.7	30.9
20-24	48.6	46.5
Residence		
Urban	44.2	44.1
Rural	30.3	29.4
Education		
Less than completed primary	25.2	26.7
Completed primary	23.2	26.2
Some secondary	33.4	31.5
Completed secondary	56.1	55.9
Total	39.3	37.3
Number	1,815	2,341

To introduce the question on the respondents' experience in sexual relations, interviewers first asked them whether they know someone among their friends who has had sexual intercourse. Table 9.5 shows that about four in ten women and men say that they do.

Findings from a survey conducted in four provinces in Indonesia show that while almost no single men or women admitted to being sexually active, nearly one-third claimed to know others who they believe have been engaged in premarital sex (Achmad and Westley, 1999). In the 2002-2003 IYARHS, for women and men, older respondents, those living in urban areas, and respondents with higher education are more likely to say that they know someone who has had sex. For example, women with secondary education or higher are more than twice as likely as women with less than primary education to say that they have a friend who has had sexual intercourse (56 and 25 percent, respectively).

In the 2002-2003 IYARHS, respondents were asked about their sexual experience. Table 9.6 shows that the proportion of respondents who admitted openly that they have had sexual intercourse is very low (less than 1 percent of women and 5 percent of men). These figures are much lower than those found in previous studies in Indonesia, given the differences in methodology and geographic coverage (Badan Pusat Statistik and Ministry of Health, 2003; Demographic Institute, 1999; Demographic Institute et al., 2002). Data for women are not shown because of small numbers. Older men are more likely to report having had sex. There are slight variations by urban-rural residence, but there is no certain pattern by the men's education level.

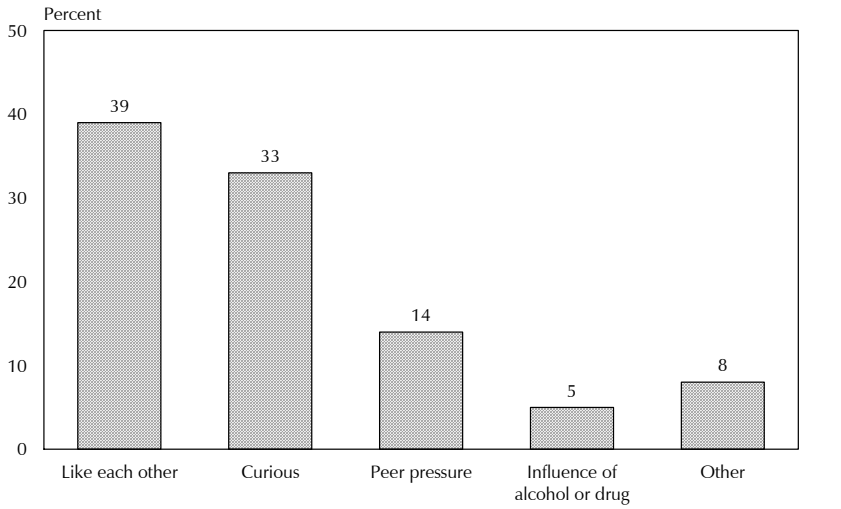
Table 9.6 Age at first sex

Percent distribution of unmarried women and men 15-24 by age at first sex, according to background characteristics, IYARHS 2002-2003

	Age at first sex							Percentage who have never had sex	Total	Number
Background characteristic	<15	16	17	18	19	20+	Don't know/ missing			
Age										
15-19	0.1	0.9	0.4	0.7	0.1	0.0	0.2	97.6	100.0	1,377
20-24	0.0	0.6	0.7	1.8	1.1	4.1	0.1	91.4	100.0	964
Residence										
Urban	0.1	0.8	0.5	1.5	0.7	2.0	0.2	94.3	100.0	1,262
Rural	0.0	0.8	0.6	0.8	0.3	1.4	0.1	96.0	100.0	1,079
Education										
Less than completed primary	0.0	1.4	0.4	1.2	0.0	1.0	0.0	95.7	100.0	173
Completed primary	0.1	1.5	0.5	1.6	0.7	1.1	0.0	94.5	100.0	385
Some secondary	0.1	0.7	0.5	0.5	0.1	1.1	0.2	96.8	100.0	1,111
Secondary +	0.0	0.3	0.7	2.0	1.1	3.1	0.2	92.5	100.0	673
Total	0.0	0.8	0.5	1.2	0.5	1.7	0.2	95.1	100.0	2,341

Four in ten men who have had sex said that their first sexual intercourse occurred because they liked the person they had sex with. Three in ten men said that they were curious about sex. The influence of peers on adolescents to have sex is relatively strong. One out of seven men said that they feel pressured by their friends to have sex (Figure 9.1).

Figure 9.1
Reasons for Having First Sex Among Men Age 15-24



IYARHS 2002-2003

9.3 USE OF CONDOMS

In the 2002-2003 IYARHS, respondents who had ever had sex were asked whether they used a condom during their first and last sex. The findings show that 6 percent of men used condoms at their first sex, and 13 percent used at last sex (Table 9.7). A study in 2001 found that the majority (60 percent) of adolescents who have had sex did not use any protection (Sahanaya, 2002).

Table 9.7 Condom use

Percentage of unmarried women and men 15-24 who have ever had sex, by use of condom at first and last sex and background characteristics, IYARHS 2002-2003

Background characteristic	Condom use: At first sex	Condom use: At last sex	Number
Age			
15-19	3.9	20.6	32
20-24	6.8	9.7	82
Residence			
Urban	8.5	11.6	71
Rural	1.9	14.8	43
Education			
Less than completed primary	0.0	31.6	7
Completed primary	5.7	0.0	21
Some secondary	3.5	13.1	36
Secondary +	8.9	15.2	50
Total	6.0	12.8	115

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SAMPLING DESIGN

APPENDIX A

A.1 INTRODUCTION

The 200-20032 IYARHS will obtain data from a representative sample never-married women age 15-24 and never-married men age 15-24 to:

- measure the level of knowledge about reproductive health issues;
- study the attitudes of young adults on various issues in reproductive health;
- measure the level of sexual practice among young adults;
- explore young adult's awareness of HIV/AIDS and sexually transmitted infections;

The survey will provide estimates at the national level for all of the above indicators.

A.2 SAMPLE DESIGN

The census blocks (CBs) are the primary sampling unit for the 2002-2003 IYARHS. CBs were formed during the preparation of the 2000 Population Census. Each CB includes approximately 80 households. In the master sample frame, the CBs are grouped by province, by regency/municipality within a province, and by subdistricts within a regency/municipality. In rural areas, the CBs in each district are listed by their geographical location. In urban areas, the CBs are distinguished by the urban classification (large, medium and small cities) in each subdistrict.

BPS-Statistics Indonesia (BPS) maintains the list of CBs, which is used as a frame to draw samples for various surveys. The sample developed for the 2002 National Socio-economic Survey (Susenas) was used as a frame for the selection of the 2002-2003 IDHS sample from which the IYARHS sample was drawn. Household listing was done in all CBs covered in the 2002 Susenas, which eliminated the need to conduct a separate household listing for the 2002-2003 IDHS. The IYARHS sample benefits from being linked to the IDHS sample as household interviews have been conducted by the IDHS field teams.

The 26 provinces included in the IDHS were classified in five strata as follows: Sumatera, Java, Nusa Tenggara, Kalimantan and Sulawesi. All of the six provinces in Java were be included in the survey, because more than 60 percent of the country's population reside on this island. In Sumatera, the provinces are grouped according to their level of risk to the use of tobacco, alcohol and sexual behavior. Those with high risk, Nanggroe Aceh Darussalam, North Sumatra and Riau, form a stratum. The remaining provinces in Sumatra form another stratum. In other strata, the number of provinces to represent the stratum is determined and within each stratum, provinces are selected with probability proportional to their population size. According to this design, the following provinces were included in the survey: Riau, South Sumatera, Lampung, DKI Jakarta, West Java, Central Java, DI Yogyakarta, East Java, Banten, West Nusa Tenggara, West Kalimantan, South Kalimantan, North Sulawesi, South Sulawesi, and Gorontalo.

In Susenas 2002, the only area covered in the Papua province was the city of Jayapura. Given the interest to obtain data pertaining to areas which are high-risk in terms of HIV/AIDS infections, the 2002-2003 IYARHS included Jayapura city as a separate domain.

For the 2002-2003 IDHS, a minimum of 40 CBs per province has been imposed. In provinces included in the IYARHS, these CBs were selected to represent the IYARHS sample (Table A.1). On average, 25 households were selected in each CB. All household members and visitors were listed in the 2002-2003 IDHS Household Questionnaire, and all unmarried women 15-24 and unmarried men 15-24 living in the selected households were interviewed in the IYARHS.

Table A.1 Allocation of census blocks by province

Province	Number of census blocks	Number of house-holds
1. Riau	16	400
2. South Sumatera	24	600
3. Lampung	22	550
4. DKI Jakarta	17	425
5. West Java	76	1,900
6. Central Java	53	1,325
7. DI Yogyakarta	6	150
8. East Java	64	1,600
9. Banten	15	375
10. West Nusa Tenggara	21	525
11. West Kalimantan	10	250
12. South Kalimantan	9	225
13. North Sulawesi	7	175
14. South Sulawesi	17	425
15. Gorontalo	7	175
Total	364	9,100
Jayapura City	36	900

ESTIMATES OF SAMPLING ERRORS

APPENDIX B

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2002-2003 Indonesia Young Adult Reproductive Health Survey (IYARHS) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2002-2003 IYARHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

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

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2002-2003 IYARHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2002-2003 IYARHS is the ISSA Sampling Error Module. This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2}\sum_{h=1}^{H}\left[\frac{m_h}{m_{h-1}}\left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h}\right)\right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}\text{, and } \; z_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H,
m_h is the total number of clusters selected in the h^{th} stratum,
y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,
x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum, and
f is the overall sampling fraction, which is so small that it is ignored.

In addition to the standard error, ISSA computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2002-2003 IYARHS are calculated for selected variables considered to be of primary interest for woman's survey and for man's surveys, respectively. The results are presented in this appendix for the country as a whole. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Table B.2 presents the value of the statistic (R), its standard error (SE), the number of unweighted (N-UNWE) and weighted (N-WEIG) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1).

The confidence interval (e.g., as calculated for *Ideal number of children*) can be interpreted as follows: the overall average from the woman sample is 2.548 and its standard error is 0.035. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., 2.548±2×0.035. There is a high probability (95 percent) that the *true* average ideal number of children for women 15-24 is between 2.477 and 2.619.

Sampling errors are analyzed for the woman sample. The relative standard errors (SE/R) for the means and proportions range between 0.5 percent and 19 percent with an average of 6.4 percent; the highest relative standard errors are for estimates of very low values (e.g., *women have ever drunk alcohol*). If estimates of very low values (less than 10 percent) were removed, then the average drops to 4.8 percent. So in general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. The value of the design effect (DEFT), averaged over all variables, is 2.0 which means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 2.0 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, IYARHS 2002-2003

Variable	Estimate	Base population
WOMEN		
Literate	Proportion	Unmarried women 15-24
Less than primary education	Proportion	Unmarried women 15-24
Secondary education or higher	Proportion	Unmarried women 15-24
Knowing any contraceptive method	Proportion	Unmarried women 15-24
Knowing any modern contraceptive method	Proportion	Unmarried women 15-24
Has heard of fertile period	Proportion	Unmarried women 15-24
Knowing anemia	Proportion	Unmarried women 15-24
Ideal number of children	Mean	Unmarried women 15-24
Knowing HIV/AIDS	Proportion	Unmarried women 15-24
Knowing at least one way to avoid HIV/AIDS	Proportion	Unmarried women 15-24
Knowing symptoms of STD in a man	Proportion	Unmarried women 15-24
Knowing symptoms of STD in a woman	Proportion	Unmarried women 15-24
Have ever smoked	Proportion	Unmarried women 15-24
Have ever drunk alcohol	Proportion	Unmarried women 15-24
MEN		
Literate	Proportion	Unmarried men 15-24
Less than primary education	Proportion	Unmarried men 15-24
Secondary education or higher	Proportion	Unmarried men 15-24
Knowing any contraceptive method	Proportion	Unmarried men 15-24
Knowing any modern contraceptive method	Proportion	Unmarried men 15-24
Knowing fertile period	Proportion	Unmarried men 15-24
Knowing anemia	Proportion	Unmarried men 15-24
Ideal number of children	Mean	Unmarried men 15-24
Knowing HIV/AIDS	Proportion	Unmarried men 15-24
Knowing at least one way to avoid HIV/AIDS	Proportion	Unmarried men 15-24
Knowing symptoms of STD in a man	Proportion	Unmarried men 15-24
Knowing symptoms of STD in a woman	Proportion	Unmarried men 15-24
Have ever smoked	Proportion	Unmarried men 15-24
Have ever drunk alcohol	Proportion	Unmarried men 15-24
Have ever used drugs	Proportion	Unmarried men 15-24
Have ever had sexual intercourse	Proportion	Unmarried men 15-24

Table B.2 Sampling errors, IYARHS 2002-2003

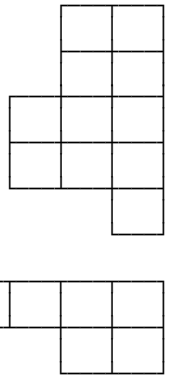
Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Literate	0.978	0.004	1815	1815	1.300	0.005	0.970	0.987
Less than primary education	0.055	0.008	1815	1815	1.578	0.154	0.038	0.071
Secondary education or higher	0.338	0.042	1815	1815	3.748	0.123	0.255	0.422
Knowing any contraceptive method	0.946	0.008	1815	1815	1.603	0.009	0.929	0.963
Knowing any modern contraceptive method	0.946	0.008	1815	1815	1.603	0.009	0.929	0.963
Has heard of fertile period	0.528	0.018	1813	1815	1.546	0.034	0.492	0.565
Knowing anemia	0.811	0.017	1814	1813	1.864	0.021	0.777	0.845
Ideal number of children	2.548	0.035	1726	1695	1.589	0.014	2.477	2.619
Knowing HIV/AIDS	0.865	0.013	1815	1815	1.682	0.016	0.838	0.892
Knows limiting partners to avoid HIV/AIDS	0.751	0.023	1138	1216	1.776	0.030	0.705	0.796
Knows using condoms to avoid HIV/AIDS	0.619	0.024	1138	1215	1.656	0.039	0.572	0.667
Knowing symptoms of STD in a man	0.345	0.041	1815	1815	3.719	0.120	0.262	0.428
Knowing symptoms of STD in a woman	0.345	0.041	1815	1815	3.719	0.120	0.262	0.428
Have ever smoked	0.142	0.012	1815	1815	1.429	0.083	0.118	0.165
Have ever drunk alcohol	0.025	0.005	1815	1815	1.306	0.190	0.016	0.035
MEN								
Literate	0.960	0.008	2341	2341	1.982	0.008	0.944	0.976
Less than primary education	0.074	0.010	2341	2341	1.760	0.129	0.055	0.093
Secondary education or higher	0.287	0.031	2341	2341	3.359	0.109	0.224	0.350
Knowing any contraceptive method	0.911	0.010	2341	2341	1.711	0.011	0.891	0.931
Knowing any modern contraceptive method	0.911	0.010	2341	2341	1.710	0.011	0.890	0.931
Has heard of fertile period	0.325	0.022	2329	2327	2.268	0.068	0.281	0.369
Knowing anemia	0.602	0.023	2337	2337	2.264	0.038	0.556	0.648
Ideal number of children	2.726	0.039	2174	2178	1.759	0.014	2.648	2.805
Knowing HIV/AIDS	0.814	0.016	2341	2341	2.052	0.020	0.781	0.847
Knows limiting partners to avoid HIV/AIDS	0.712	0.025	1416	1508	2.079	0.035	0.662	0.762
Knows using condoms to avoid HIV/AIDS	0.764	0.013	1411	1500	1.151	0.017	0.738	0.790
Knowing symptoms of STD in a man	0.398	0.028	2341	2341	2.779	0.071	0.342	0.454
Knowing symptoms of STD in a woman	0.398	0.028	2341	2341	2.780	0.071	0.341	0.454
Have ever smoked	0.821	0.014	2340	2339	1.709	0.016	0.794	0.848
Have ever drunk alcohol	0.339	0.014	2338	2328	1.474	0.043	0.310	0.368
Have ever used drugs	0.075	0.008	2338	2334	1.389	0.101	0.060	0.090
Have ever had sexual intercourse	0.049	0.007	2336	2333	1.547	0.141	0.035	0.063

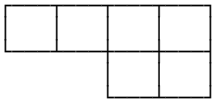
QUESTIONNAIRES *Appendix C*

2002 INDONESIA YOUNG ADULT REPRODUCTIVE HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

Confidential

I. IDENTIFICATION LOCATION	CODE
1. PROVINCE _____	
2. REGENCY/MUNICIPALITY _____	
3. SUB-DISTRICT _____	
4. VILLAGE _____	
5. URBAN/RURAL*) URBAN - 1 RURAL - 2	
6. CENSUS BLOCK NUMBER	
7. 2002 IYARHS SAMPLE CODE	
8. HOUSEHOLD NUMBER _____	
9. NAME OF HOUSEHOLD HEAD _____	





II. INTERVIEWER VISITS				
	1	**2**	**3**	**FINAL VISIT**
DATE OF INTERVIEW	_____	_____	_____	DAY / MONTH / YEAR 2 0
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE
RESULT VISIT **)	_____	_____	_____	RESULT
NEXT VISIT DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

**) RESULT CODES

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD
TOTAL ELIGIBLE WOMEN
TOTAL ELIGIBLE MEN
LINE NO. OF RESPONDENT TO HOUSEHOLD QUEST.

	SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME	_____	_____	_____
DATE	_____	_____	_____

*) Circle the selected category and enter in box

III. HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now

NO	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the households.	What is the relationship of (NAME) to the head of the household? *	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME)'s marital status? **	CIRCLE LINE NUMBER OF ALL SINGLE WOMEN AND MEN AGE 15-24 YEARS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01			M 1 F 2	YES 1 NO 2	YES 1 NO 2	YEARS		01
02			1 2	1 2	1 2			02
03			1 2	1 2	1 2			03
04			1 2	1 2	1 2			04
05			1 2	1 2	1 2			05
06			1 2	1 2	1 2			06
07			1 2	1 2	1 2			07
08			1 2	1 2	1 2			08
09			1 2	1 2	1 2			09
10			1 2	1 2	1 2			10
11			1 2	1 2	1 2			11
12			1 2	1 2	1 2			12
13			1 2	1 2	1 2			13
14			1 2	1 2	1 2			14
15			1 2	1 2	1 2			15
16			1 2	1 2	1 2			16

*) CODES FOR COLUMN (3):
RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEHOLD
02 = WIFE OR HUSBAND
03 = CHILD
04 = SON OR DAUGHTER IN LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED CHILD
11 = STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

**) CODES FOR COLUMN (8): MARITAL STATUS

1 = SINGLE
2 = MARRIED
3 = DIVORCE
4 = WIDOWED

Just to make sure that I have a complete listing:

1) Are there other persons such as small children or infants that we have not listed? YES ☐ → ENTER EACH IN TABLE NO ☐
2) Are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐ → ENTER EACH IN TABLE NO ☐
3) Are there any guests or temporary visitors staying here, or anyone else who slept here for six months or more, who have not been listed? YES ☐ → ENTER EACH IN TABLE NO ☐
4) Are there any other people who usually live here, but have been away for less than 6 months? YES ☐ → ENTER EACH IN TABLE NO ☐
5) Are there any people who have been listed as members of household have been away for less than 6 months but intended to move? YES ☐ → ENTER EACH IN TABLE NO ☐

IV. HOUSING CONDITION

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
10	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED INTO YARD/PLOT ..... 12 PUBLIC TAP ..... 13 WATER FROM OPEN WELL OPEN WELL IN DWELLING ..... 21 OPEN WELL IN YARD/PLOT ..... 22 OPEN PUBLIC WELL ..... 23 PROTECTED WELL PROTECTED WELL IN DWELLING ..... 31 PROTECTED WELL IN YARD/PLOT ..... 32 PROTECTED PUBLIC WELL ..... 33 SPRING ..... 41 RIVER/STREAM ..... 42 POND/LAKE ..... 43 DAM ..... 44 RAIN WATER ..... 51 TANKER TRUCK ..... 61 BOTTLED WATER ..... 71 OTHER_____ 96 (SPECIFY)	22 22 22 22
11	How long does it take you to go there, get water, and come back?	MINUTE..... ☐☐☐ ON PREMISES 996	
12	What kind of toilet facilities does your household have?	PRIVATE WITH SEPTIC TANK ..... 11 PRIVATE WITH NO SEPTIC TANK ..... 12 SHARED/PUBLIC ..... 21 RIVER/STREAM/CREEK ..... 31 PIT ..... 41 BUSH/FOREST/YARD ..... 51 RIVER ..... 61 OTHER_____ 96 (SPECIFY)	
13	MAIN MATERIAL OF THE FLOOR. (RECORD OBSERVATION).	DIRT/EARTH ..... 11 BAMBOO ..... 21 WOOD ..... 22 BRICK/CONCRETE ..... 31 TILE ..... 32 CERAMIC/MARBLE/GRANITE ..... 33 OTHER_____ 96 (SPECIFY)	
14	Does your household have:	YES NO	
	Electricity?	ELECTRICITY 1 2	
	Radio?	RADIO 1 2	
	Television?	TELEVISION 1 2	
	Telephone?	TELEPHONE 1 2	
	Refrigerator?	REFRIGERATOR 1 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
15	Does any member of your household own:	YES NO	
	A bicycle/rowboat?	BICYCLE/ROWBOAT 1 2	
	A motorcycle or motorboat?	MOTORCYCLE/MOTOR BOAT 1 2	
	A car?	CAR 1 2	
16	What is the ownership status of your dwelling?	OWN ..... 1 INSTALLMENT ..... 2 CONTRACT ..... 3 RENT ..... 4 OFFICIAL ..... 5 OTHER 6	

INTERVIEW WITH WOMEN AND MEN 15-17				
LINE NUMBER FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7) AGE 15-17 AGE 18-24	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN) GRANTED REFUSED
(10)	(11)	(12)	(13)	(14)
☐☐	_____	1 2 GO TO INDIVIDUAL QUESTIONNAIRE	☐☐	1 2 NEXT LINE SIGN _____
☐☐	_____	1 2 GO TO INDIVIDUAL QUESTIONNAIRE	☐☐	1 2 NEXT LINE SIGN _____
☐☐	_____	1 2 GO TO INDIVIDUAL QUESTIONNAIRE	☐☐	1 2 NEXT LINE SIGN _____
☐☐	_____	1 2 GO TO INDIVIDUAL QUESTIONNAIRE	☐☐	1 2 SIGN _____

* CONSENT STATEMENT FROM PARENT/GUARDIAN

In this survey, we are going to interview unmarried women and men age 15 to 24 individually. We will ask them about their knowledge, attitudes toward and practice in health care. This information will help the government in developing programs to provide health services tailored specifically to address the needs of young people.

We would very much appreciate your approval for us to have your children/children under your care participate in this survey. The survey usually takes about 30 minutes to complete. Whatever information the children provide will be kept strictly confidential and will not be shown to other persons.

May I now ask that (NAME OF CHILD[REN]) participate in the study? If you decide not to have your children interviewed, it is your right and we will respect your decision. Now please tell me if you agree to have your children participate in the study.

INDONESIA YOUNG ADULT REPRODUCTIVE HEALTH SURVEY 2002 INDIVIDUAL QUESTIONNAIRE

Confidential

I. IDENTIFICATION	CODE
1. PROVINCE _____	
2. REGENCY/MUNICIPALITY *) _____	
3. SUB-DISTRICT _____	
4. VILLAGE _____	
5. URBAN/RURAL **) URBAN - 1 RURAL - 2	
6. CENSUS BLOCK NUMBER _____	
7. 2002 IDHS SAMPLE CODE	
8. HOUSEHOLD NUMBER	
9. NAME OF HOUSEHOLD HEAD _____	
10. NAME OF RESPONDENT _____	
11. RESPONDENT'S SEX *) MALE - 1 FEMALE - 2	
12. RESPONDENT'S LINE NUMBER	

II. INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
INTERVIEWER'S NAME				INTERVIEWER'S CODE
RESULT***)				RESULT
NEXT VISIT DATE				TOTAL NO. OF VISITS
TIME				

***) *RESULT CODES

1. COMPLETED
2. NOT AT HOME
3. POSTPONED
4. REFUSED
5. PARTLY COMPLETED
6. INCAPACITATED
7. OTHER _____ (SPECIFY)

	SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME			
DATE			

*) Cross out category not used **) Circle appropriate code

PARENTAL/GUARDIAN CONSENT (READ TO PARENTS OR GUARDIAN of respondents age 15-17)

In this survey, we are interviewing unmarried women and men between age 15 and 24 individually. We are interested in their knowledge, attitudes, and practice in health care. This information will be useful to the government in developing plans to provide health services tailored specifically to address the needs of young people.

We would very much appreciate your permission to have your child(ren) to participate in this survey. The survey usually takes about 25 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

May we interview (NAME OF CHILDREN) in private? If you decide not to allow your child(ren) to be interviewed, we will respect your decision. What is your decision?

PARENT/GUARDIAN AGREES....1 PARENT/GUARDIAN DOES NOT AGREE....2 ⇨ END

⇓

SECTION 1

Signature of interviewer: _____ Date: _____

1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is .....
I am working with BPS. We are conducting a national survey of unmarried women and men between age 15 and 24. We are interested in your knowledge of, attitudes toward and practice in health care. This information will be used to help the government in developing plans to provide health services tailored specifically to address the needs of young people. We would very much appreciate your participation in this survey. The survey usually takes about 25 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey? (GIVE BRIEF RESPONSE).

During this interview, how should I address you? Respondent's title: _____
(SPECIFY)

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED....1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED....2 ⇨END

⇓

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
101	RECORD THE TIME	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT. IF AGE IS LESS THAN 15 OR OVER 24, END INTERVIEW.	AGE IN COMPLETED YEARS . . . ☐☐	
104	Have you ever attended school?	YES . . . . . 1 NO 2	→110
105	What is the highest level of school you attended: primary, junior high, senior high, academy or university?	PRIMARY . . . . . 1 JUNIOR HIGH SCHOOL . . . . . 2 SENIOR HIGH SCHOOL . . . . . 3 ACADEMY . . . . . 4 UNIVERSITY 5	
106	What is the highest (grade/year) you completed at that level? COMPLETED = 7	GRADE . . . . . ☐	
107	Are you currently attending school?	YES . . . . . 1 NO 2	→109

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
108	Why is it that you are not currently attending school or university?	GRADUATED/HAD ENOUGH SCHOOLING . . . . . 01 GOT PREGNANT . . . . . 02 TO CARE FOR CHILDREN . . . . . 03 FAMILY NEEDED HELP ON FARM OR BUSINESS . . . . . 04 COULD NOT PAY SCHOOL FEES . . . . . 05 NEEDED TO EARN MONEY . . . . . 06 DID NOT LIKE SCHOOL/ DID NOT WANT TO CONTINUE . . . . . 07 DID NOT PASS EXAMS . . . . . 08 SCHOOL NOT ACCESSIBLE/ TOO FAR . . . . . 09 OTHER _____ 96 (SPECIFY)	
109	CHECK 105: PRIMARY ☐ JUNIOR HIGH SCHOOL OR HIGHER ☐		→ 113
110	Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE 3	
111	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES . . . . . 1 NO. 2	
112	CHECK 110: CODE '2' OR '3' CIRCLED ☐ CODE '1' CIRCLED ☐		→ 114
113	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
114	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	→ 117
115	What kind of programs do you most often listen to? Any other programs? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	NEWS . . . . . A MUSIC . . . . . B SPORTS . . . . . C SERIAL DRAMA . . . . . D QUIZ/GAME . . . . . E RELIGIOUS PROGRAM . . . . . F CULTURAL . . . . . G HEALTH . . . . . H OTHER _____ X (SPECIFY)	
116	In the last 6 months did you hear on the radio: Any program on how to prevent a pregnancy/family planning? A condom advertisement? Any program on postponement of age at marriage? Information on HIV/AIDS? Information on sexually transmitted diseases?	YES NO PREVENT PREGNANCY . . . 1 2 CONDOM ADVERTISEMENT 1 2 POSTPONEMENT OF AGE AT MARRIAGE . . . . . 1 2 HIV/AIDS . . . . . 1 2 STDs 1 2	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	→ 120

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
118	What kind of programs do you most often watch? Any other programs? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	NEWS . . . . . A MUSIC . . . . . B SPORTS . . . . . C SERIAL DRAMA . . . . . D FILM . . . . . E QUIZ/GAME . . . . . F RELIGIOUS PROGRAM . . . . . G HEALTH . . . . . I CULTURAL . . . . . H OTHER _____ X (SPECIFY)	
119	In the last 6 months did you watch on television about: How to prevent a pregnancy/family planning? Condom advertisement? Postponement of age at marriage? HIV/AIDS? Sexually transmitted diseases?	YES NO PREVENT PREGNANCY . . . 1 2 CONDOM ADVERTISEMENT . . . . . 1 2 POSTPONENMENT OF AGE AT MARRIAGE . . . . . 1 2 HIV/AIDS . . . . . 1 2 STDs 1 2	
120	What is your religion?	ISLAM . . . . . 01 PROTESTANT . . . . . 02 CATHOLIC . . . . . 03 HINDU . . . . . 04 BUDDHIST . . . . . 05 CONFUCIAN . . . . . 06 OTHER 96	
121	Are you currently working?	YES . . . . . 1 NO. 2	→ 124
122	As you know, some people take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES . . . . . 1 NO. 2	→ 124
123	Have you done any work in the last 12 months?	YES . . . . . 1 NO. 2	→ 201
124	What is your (most recent) occupation, that is, what kind of work (do/did) you mainly do? DESCRIBE AS COMPLETELY AS POSSIBLE. DO NOT FILL IN BOXES. _____ _____ ☐☐ _____	PROFESSIONAL, TECHNICAL . . . . . 01 MANAGERIAL AND ADMINISTRATION . . . . . 02 CLERICAL . . . . . 03 SALES . . . . . 04 SERVICES . . . . . 05 AGRICULTURAL WORKER . . . . . 06 INDUSTRIAL WORKER . . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
125	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	→ 201
126	What do you do with your money, do you use some of it, or all of it to help with household expenditure, or do you keep all of it for yourself?	GIVE ALL . . . . . 1 GIVE SOME . . . . . 2 KEEP ALL 3	→ 201
127	On average, how much of your household's expenditure do your earnings pay for: almost none, less than half, about half, more than half, or all?	NONE, SAVED ALL . . . . . 1 ALMOST NONE . . . . . 2 LESS THAN HALF . . . . . 3 ABOUT HALF . . . . . 4 MORE THAN HALF . . . . . 5 ALL . . . . . 6 DON'T KNOW 8	

2. KNOWLEDGE ABOUT HUMAN REPRODUCTION

Now I want to ask you about changes from childhood to adolescence, the reproductive system and related issues.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
201	When a boy begins to change from childhood to adolescence, also known as puberty, he experiences some physical changes. Can you tell me what they are? Any other change? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	DEVELOP MUSCLES . . . . . A CHANGE IN VOICE . . . . . B GROWTH OF FACIAL HAIR, PUBIC HAIR, UNDERARM HAIR, CHEST, LEGS AND ARMS . . . . . C INCREASE IN SEXUAL AROUSAL . . . D WET DREAMS . . . . . E GROWTH OF ADAM'S APPLE . . . . . F HARDENING OF NIPPLES . . . . . G OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
202	When a girl begins to change from childhood to adolescence, she experiences some physical changes. Can you tell me what they are? Any other change? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	GROWTH OF PUBIC AND UNDERARM HAIR . . . . . A GROWTH IN BREASTS . . . . . B GROWTH IN HIPS . . . . . C INCREASE IN SEXUAL AROUSAL . . . D MENSTRUATION . . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
203	Where did you get information about the physical change from childhood to adolescence? CIRCLE ALL MENTIONED. DONOT READ OUT RESPONSES.	FRIENDS . . . . . A MOTHER . . . . . B FATHER . . . . . C SIBLINGS . . . . . D RELATIVES . . . . . E TEACHER . . . . . F HEALTH SERVICE PROVIDER . . . . . G RELIGIOUS LEADER . . . . . H TELEVISION . . . . . I RADIO . . . . . J BOOK/MAGAZINE/NEWSPAPER . . . . K OTHER _____ X (SPECIFY) NO ONE . . . . . Z	
204	RESPONDENT: FEMALE ☐ MALE ☐		▸208A
205	How old were you when you had your first menstruation?	NEVER . . . . . 00 AGE IN YEARS . . . . . ☐☐	▸ 209
206	Before you menstruated, did anyone talk to you about menstruation?	YES . . . . . 1 NO. 2	▸ 208
207	Who talked to you about menstruation? Any one else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	FRIENDS . . . . . A MOTHER . . . . . B FATHER . . . . . C SIBLINGS . . . . . D RELATIVES . . . . . E TEACHER . . . . . F HEALTH SERVICE PROVIDER . . . . H RELIGIOUS LEADER . . . . . G OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
208	The first time you menstruated, did you talk to anyone? Who did you talk to? Anybody else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	FRIENDS . . . . . A MOTHER . . . . . B FATHER . . . . . C SIBLINGS . . . . . D RELATIVES . . . . . E TEACHER . . . . . F HEALTH SERVICE PROVIDER . . . . . G RELIGIOUS LEADER . . . . . H OTHER _____ X (SPECIFY) NO ONE . . . . . Z	▸ 209
208A	How old were you when you had your first wet dream?	NEVER . . . . . 00 AGE IN YEAR	▸ 209
208B	Before you had wet dreams, did anyone talk to you about wet dreams?	YES . . . . . 1 NO. 2	▸ 209
208C	Who talked to you about wet dreams? Any one else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	FRIENDS . . . . . A MOTHER . . . . . B FATHER . . . . . C SIBLINGS . . . . . D RELATIVES . . . . . E TEACHER . . . . . F HEALTH SERVICE PROVIDER . . . . . G RELIGIOUS LEADER . . . . . H OTHER _____ X (SPECIFY)	
209	For women who have menstruated, from one menstrual period to the next, are there certain days when she is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	▸ 211
210	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
211	Can a woman become pregnant by having one sexual intercourse?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 212 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED.

212	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		
	01. Female sterilization Women can have an operation to avoid having any more children.	YES . . . . . 1 NO. 2	
	02. Male sterilization Men can have an operation to avoid having any more children.	YES . . . . . 1 NO. 2	
	03. Pill Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO. 2	
	04. IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO. 2	
	05. Injectables Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO. 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
	06. Implants. Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO. 2	
	07. Condom. Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO. 2	
	08. Intravag/diaphragm. Women can place a thin flexible disk in their vagina before intercourse.	YES . . . . . 1 NO. 2	
	09. Lactational amenorrhea method (LAM). Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES . . . . . 1 NO. 2	
	10. Rhythm or periodic abstinence. Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO. 2	
	11. Withdrawal. Men can be careful and pull out before climax.	YES . . . . . 1 NO. 2	
	12. Other methods. Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO. 2	
212A	CHECK 212: AT LEAST ONE "YES" ☐ "YES" ☐		→ 221
213	Now I want to talk about the future in family planning use. Do you think you will use a family planning method some time in the future?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	→ 216
214	What method would you like to use?	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 INTRAVAG/DIAPHRAGM . . . . . 08 LACTATIONAL AMEN. METHOD . . . . 09 PERIODIC ABSTINENCE . . . . . 10 WITHDRAWAL . . . . . 11 OTHER . . . . . 96 DON'T KNOW 98	→ 216

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
215	Where can you obtain this method? IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL . . . . . 11 HEALTH CENTER . . . . . 12 CLINIC . . . . . 13 FP FIELDWORKER . . . . . 14 FP MOBILE UNIT . . . . . 15 OTHER _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL . . . . . 21 CLINIC . . . . . 22 DOCTOR . . . . . 23 MIDWIFE . . . . . 24 VILLAGE MIDWIFE . . . . . 25 PHARMACY/DRUG STORE . . . . . 26 OTHER _____ 27 (SPECIFY) OTHER DELIVERY POST . . . . . 31 HEALTH POST . . . . . 32 FP POST . . . . . 33 FRIENDS/RELATIVES . . . . . 34 SHOP . . . . . 35 OTHER _____ 36 (SPECIFY) DON'T KNOW 98	
216	Do you want your partner to use a contraceptive method to delay or avoid pregnancy?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	▸ 219
217	What method of contraception would you like your partner to use?	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 INTRAVAG/DIAPHRAGM . . . . . 08 LACTATIONAL AMEN. METHOD . . . . 09 PERIODIC ABSTINENCE . . . . . 10 WITHDRAWAL . . . . . 11 OTHER . . . . . 96 DON'T KNOW 98	▸ 219
218	Where can you obtain this method? IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL . . . . . 11 HEALTH CENTER . . . . . 12 CLINIC . . . . . 13 FP FIELDWORKER . . . . . 14 FP MOBILE UNIT . . . . . 15 OTHER _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL . . . . . 21 CLINIC . . . . . 22 DOCTOR . . . . . 23 MIDWIFE . . . . . 24 VILLAGE MIDWIFE . . . . . 25 PHARMACY/DRUG STORE . . . . . 26 OTHER _____ 27 (SPECIFY) OTHER DELIVERY POST . . . . . 31 HEALTH POST . . . . . 32 FP POST . . . . . 33 FRIENDS/RELATIVES . . . . . 34 SHOP . . . . . 35 OTHER _____ 36 (SPECIFY) DON'T KNOW 98	
219	Do you think that family planning services should be offered to unmarried youth?	YES . . . . . 1 NO. 2	▸ 221

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
220	What service or method of family planning do you think should be made available to unmarried youth? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	INFORMATION . . . . . A PILL . . . . . B IUD . . . . . C INJECTABLES . . . . . D CONDOM . . . . . E DIAPHRAGM . . . . . F OTHER _____ X (SPECIFY)	
221	I will now read you some statements about condom use that other men have made. Please tell me if you agree or disagree with each.	AGREE / DISAGREE / DK	
	Condoms diminish a man's sexual pleasure.	SEXUAL PLEASURE . . . 1 2 8	
	A condom is very inconvenient to use.	INCONVENIENT 1 2 8	
	A condom can be reused.	CAN BE REUSED 1 2 8	
	A condom protects against disease.	PROTECT AGAINST DISEASE 1 2 8	
	A woman has no right to tell a man to use a condom.	WOMAN'S RIGHT 1 2 8	
222	Have you ever heard of anemia?	YES . . . . . 1 NO. 2	→ 301
223	What is anemia? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	DEFICIT IN RED BLOOD CELLS . . . . . A BLOOD DEFICIT . . . . . B IRON DEFICIENCY . . . . . C LOW BLOOD PRESSURE . . . . . D VITAMIN DEFICIENCY . . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
224	What do you think is the cause of anemia? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	LACK OF CONSUMPTION OF MEAT, FISH AND LIVER . . . . . A LACK OF CONSUMPTION OF VEGETABLES AND FRUITS . . . . . B BLEEDING . . . . . C MENSTRUATION . . . . . D MALNUTRITION . . . . . E INFECTIOUS DISEASE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
225	How is anemia treated? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	TAKE PILL TO INCREASE BLOOD . . . A TAKE IRON TABLET . . . . . B INCREASE CONSUMPTION OF MEAT, FISH AND LIVER . . . . . C INCREASE CONSUMPTION OF IRON-RICH VEGETABLES AND FRUITS . . . . . D OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

SECTION 3. MARRIAGE AND CHILDREN

Let us now talk about marriage and having children.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
301	At what age would you like to be married?	AGE IN YEARS . . . . . ☐☐ NEVER . . . . . 95 DON'T KNOW 98	
302	In your opinion, what is the best age for a woman to get married?	AGE IN YEARS . . . . . ☐☐ DON'T KNOW 98	
303	In your opinion, what is the best age for a man to get married?	AGE IN YEARS . . . . . ☐☐ DON'T KNOW 98	
303A	Do you think a couple who wants to get married needs to have a medical test?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	→304
303B	What kind of medical test? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	PHYSICAL . . . . . A BLOOD . . . . . B URINE . . . . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
304	Who is going to choose the person you will marry, your parents, yourself or together?	PARENTS . . . . . 1 SELF . . . . . 2 PARENTS AND SELF 3	
305	If you could choose exactly the number of children to have in your whole life, how many children would that be?	NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→307
306	How many of these children would you like to be boys, how many would you like to be girls and for how many would sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 999996 (SPECIFY)	
307	Who do you think should decide on how many children a couple should have, the wife, the husband or both?	WIFE . . . . . 1 HUSBAND . . . . . 2 BOTH . . . . . 3 DON'T KNOW 8	
308	In your opinion, what is the best age for a woman to have the first baby?	AGE IN YEARS . . . . . ☐☐ DON'T KNOW 98	
309	In your opinion, what is the best age for a man to have the first baby?	AGE IN YEARS . . . . . ☐☐ DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
310	How long do you think a woman should wait after one birth before she has another birth?	MONTHS . . . . . 1 ┌┬┬┐ YEARS . . . . . 2 ├┼┼┤ └┴┴┘ DON'T KNOW 998	
311	If a woman has an unwanted pregnancy, what do you think she should do, have the baby and keep it, have the baby and give it away, have an abortion, or up to the woman?	HAVE THE BABY AND KEEP IT . . . . . 1 HAVE THE BABY AND GIVE IT UP FOR ADOPTION . . . . . 2 HAVE AN ABORTION . . . . . 3 UP TO HER . . . . . 4 DO NOT KNOW 8	
312	I'm going to read some statements about times when a woman might consider having an abortion. Please tell me, in your opinion, is it acceptable for a woman to have an abortion if:	AGREE / DISAGREE / DK	
	Her health is endangered by the pregnancy?	ENDANGER HEALTH . . 1 2 8	
	Her life is endangered by the pregnancy?	ENDANGER LIFE 1 2 8	
	The fetus has physical deformity?	FETUS DEFORMED . . . 1 2 8	
	The pregnancy has resulted from rape?	RAPED 1 2 8	
	She is unmarried?	UNMARRIED 1 2 8	
	The couple can not afford to have a child?	CAN NOT AFFORD 1 2 8	
	She is attending school?	ATTENDING SCHOOL . . 1 2 8	

SECTION 4. ROLE OF FAMILY, SCHOOL AND COMMUNITY

Now I'd like to ask you about the role of family, school and community as sources of information on reproductive health.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
401	We would like to know about the people with whom you have talked about or asked questions about sexual matters. Have you talked about these things with: Friends? Your parents? Siblings? Relatives? Teacher? Health service provider? Religious leader?	YES NO FRIENDS . . . . . 1 2 PARENTS . . . . . 1 2 SIBLINGS . . . . . 1 2 RELATIVES . . . . . 1 2 TEACHER . . . . . 1 2 HEALTH SERVICE PROVIDER 1 2 RELIGIOUS LEADER 1 2	
402	If you want to ask more questions on these issues, who would you like to ask? Anyone else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	FRIENDS . . . . . A FATHER . . . . . B MOTHER . . . . . C SIBLING . . . . . D RELATIVES . . . . . E TEACHER . . . . . F HEALTH SERVICE PROVIDER . . . . . G RELIGIOUS LEADER . . . . . H OTHER _____ X (SPECIFY) NO ONE . . . . . Z	

403	CHECK104: HAVE ATTENDED SCHOOL ☐ ▼ NEVER ATTENDED SCHOOL ☐ → 406	

TOPIC	404. Have you ever been taught at school about (TOPIC)?	405. In what level of schooling were you when you first were taught at school about (TOPIC)?
A. How the reproductive system works	YES . . . . . 1 NO. . . . . 2 DON'T KNOW . . . . . 8 ▼	PRIMARY . . . . . 1 JUNIOR HIGH SCHOOL . . . . . 2 SENIOR HIGH SCHOOL . . . . . 3 ACADEMY . . . . . 4 UNIVERSITY . . . . . 5 DON'T KNOW 8
B. Methods of birth control	YES . . . . . 1 NO. . . . . 2 DON'T KNOW . . . . . 8 ▼	PRIMARY . . . . . 1 JUNIOR HIGH SCHOOL . . . . . 2 SENIOR HIGH SCHOOL . . . . . 3 ACADEMY . . . . . 4 UNIVERSITY . . . . . 5 DON'T KNOW 8
C. HIV/AIDS.	YES . . . . . 1 NO. . . . . 2 DON'T KNOW . . . . . 8 ▼	PRIMARY . . . . . 1 JUNIOR HIGH SCHOOL . . . . . 2 SENIOR HIGH SCHOOL . . . . . 3 ACADEMY . . . . . 4 UNIVERSITY . . . . . 5 DON'T KNOW 8
D. Other sexually transmitted diseases.	YES . . . . . 1 NO. . . . . 2 DON'T KNOW . . . . . 8 ▼	PRIMARY . . . . . 1 JUNIOR HIGH SCHOOL . . . . . 2 SENIOR HIGH SCHOOL . . . . . 3 ACADEMY . . . . . 4 UNIVERSITY . . . . . 5 DON'T KNOW 8

406	Have you ever attended a community-sponsored meeting about reproductive health, such as use of contraception, preparedness for delivery and prevention of sexual diseases?	YES . . . . . 1 NO. 2	

5. SMOKING, DRINKING, AND DRUGS

Now I'd like to ask you some questions about the use of tobacco, alcohol and drugs. As we discussed earlier, you can choose not to answer any individual question or all of the questions. However, I hope you will answer these questions because your views are important. The information you give will be confidential and will only be used for a scientific study.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
501	Have you ever tried cigarette smoking?	YES . . . . . 1 NO. 2	→ 506
502	How old were you when you smoked a cigarette for the first time?	AGE IN YEARS . . . . . ┌─┬─┐ │ │ │ └─┴─┘	
503	How old were you when you started smoking fairly regularly?	AGE IN YEARS . . . . . ┌─┬─┐ │ │ │ └─┴─┘ NEVER SMOKED REGULARLY . . . . 95 DON'T KNOW 98	
504	Do you currently smoke cigarettes?	YES . . . . . 1 NO. 2	→ 506
505	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . . ┌─┬─┐ │ │ │ └─┴─┘	
506	Now I have some questions about drinking alcohol such as arak, tuak, beer, and others. Have you ever drunk an alcohol-containing beverage?	YES . . . . . 1 NO. 2	→ 510
507	How old were you when you had your first drink of alcohol?	AGE IN YEARS . . . . . ┌─┬─┐ │ │ │ └─┴─┘ NEVER MORE THAN A FEW SIPS 95	
508	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS . . . . . ┌─┬─┐ │ │ │ └─┴─┘ NONE 95	
509	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES . . . . . 1 NO. 2	
510	There are drugs such as ganja, putau, shabu-shabu, ice and other drugs which can be used for fun or to get high (LOCAL TERMS: fly, boat, fantasize, etc.) Do you know someone who takes drugs?	YES . . . . . 1 NO. 2	
511	Have you yourself ever tried to use drugs (LOCAL TERM)?	YES . . . . . 1 NO. 2	→ 601
512	How did you use the drug? Any other way? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	SMOKED . . . . . A INHALED . . . . . B INJECTED . . . . . C DRUNK/SWALLOWED . . . . . D OTHER_____ X (SPECIFY)	
513	CHECK 512: CODE 'C' NOT CIRCLED ┌─┐ └─┘ ▼ CODE 'C' CIRCLED ┌─┐ └─┘		→ 515
514	Have you ever injected drugs which can make you (LOCAL TERMS: fly, high, intoxicated, etc.)?	YES . . . . . 1 NO. 2	→ 601

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
515	How old were you when you first injected drugs?	AGE IN YEARS . . . . . ☐☐ DON'T KNOW 98	
516	Did you inject drugs in the last 12 months?	YES . . . . . 1 NO. 2	→ 601
517	How often did you inject the drugs?	EVERYDAY . . . . . 01 A FEW TIMES A WEEK . . . . . 02 EVERY WEEK . . . . . 03 LESS THAN ONCE A WEEK . . . . . 04 ONCE A MONTH . . . . . 05 LESS THAN ONCE A MONTH . . . . . 06 OTHER_____ 96 (SPECIFY)	
518	Have you ever shared needles?	YES . . . . . 1 NO. 2	

6. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTER	CODE	SKIP TO
601	Now I want to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO. 2	→ 618
602	From which sources of information have you learned about AIDS? Any thing else? CIRCLED ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO . . . . . A TELEVISION . . . . . B NEWS PAPER/MAGAZINE . . . . . C POSTER . . . . . D HEALTH PROFESSIONAL . . . . . E RELIGIOUS INSTITUTION . . . . . F SCHOOL/TEACHER . . . . . G COMMUNITY MEETING . . . . . H FRIENDS/RELATIVES . . . . . I WORK PLACE . . . . . J OTHER_____ X (SPECIFY)	
603	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	→ 611
604	What can a person do? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	ABSTAIN FROM SEX . . . . . A USE CONDOMS . . . . . B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER . . C LIMIT NUMBER OF SEXUAL PARTNERS . . . . . D AVOID SEX WITH PROSTITUTES . . E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS . . . . . F AVOID SEX WITH HOMOSEXUALS . . . . . G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . . . . . H AVOID BLOOD TRANSFUSIONS . . . . I AVOID INJECTIONS . . . . . J AVOID SHARING RAZORS /BLADES . . . . . K AVOID KISSING . . . . . L AVOID MOSQUITO BITE . . . . . M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . . . N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
605	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	
606	Can a person get the AIDS virus from mosquito bites?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	
607	Can people REDUCE their chances of getting the AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	
608	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	
609	Can people reduce the chance of getting the AIDS virus by taking herbal medicine or antibiotic before they have sexual intercourse?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTER	CODE	SKIP TO
610	Can you tell from looking at a person if she or he has the AIDS virus?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	
611	Do you know someone personally who has the virus that causes AIDS or someone who died of HIV/AIDS?	YES . . . . . 1 NO. 2	
612	Can the virus that causes AIDS be transmitted from a mother to a child?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	→ 614
613	Can the virus that causes AIDS be transmitted from a mother to a child:	YES NO DK	
	During pregnancy?	PREGNANCY 1 2 8	
	During delivery?	DELIVERY 1 2 8	
	By breastfeeding?	BREASTFEEDING 1 2 8	
614	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW/UNSURE 8	
615	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW/UNSURE 8	
616	Do you know that there is a test to see if you have the AIDS virus?	YES . . . . . 1 NO. 2	→ 618
617	Do you know a place where one can go to have the test?	YES . . . . . 1 NO. 2	
618	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES . . . . . 1 NO. 2	→ 701
618A	What other infections have you heard? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	SYPHILIS . . . . . A GONORRHEA . . . . . B GENITAL WARTS/CONDYLOMATA . C CHANCROID . . . . . D CHLAMIDIA . . . . . E CANDIDA . . . . . F GENITAL HERPES . . . . . G OTHER _____ X (SPECIFY)	
619	From which sources of information have you learned about sexually transmitted diseases (STDs)? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO . . . . . A TELEVISION . . . . . B NEWS PAPER/MAGAZINE . . . . . C POSTER . . . . . D HEALTH PROFESSIONAL . . . . . E RELIGIOUS INSTITUTION . . . . . F SCHOOL/TEACHER . . . . . G COMMUNITY MEETING . . . . . H FRIENDS/RELATIVES . . . . . I WORK PLACE . . . . . J OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTER	CODE	SKIP TO
620	If a man has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL SYMPTOMS MENTIONED. DO NOT READ OUT RESPONSES.	ABDOMINAL PAIN . . . . . A GENITAL DISCHARGE/DRIPPING . . B FOUL SMELLING DISCHARGE . . . . C BURNING PAIN ON URINATION . . . . D REDNESS/INFLAMMATION IN GENITAL AREA . . . . . E SWELLING IN GENITAL AREA . . . . . F GENITAL SORES/ULCERS . . . . . G GENITAL WARTS . . . . . H GENITAL ITCHING . . . . . I BLOOD IN URINE . . . . . J LOSS OF WEIGHT . . . . . K IMPOTENCE . . . . . L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS . . . . . Y DON'T KNOW . . . . . Z	
621	If woman has a sexually transmitted disease, what symptoms might she have? Any other? RECORD ALL SYMPTOMS MENTIONED. DO NOT READ OUT RESPONSES.	ABDOMINAL PAIN . . . . . A GENITAL DISCHARGE/DRIPPING . . B FOUL SMELLING DISCHARGE . . . . C BURNING PAIN ON URINATION . . . . D REDNESS/INFLAMMATION IN GENITAL AREA . . . . . E SWELLING IN GENITAL AREA . . . . . F GENITAL SORES/ULCERS . . . . . G GENITAL WARTS . . . . . H GENITAL ITCHING . . . . . I BLOOD IN URINE . . . . . J LOSS OF WEIGHT . . . . . K HARD TO GET PREGNANT/HAVE A CHILD . . . . . L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS . . . . . Y DON'T KNOW . . . . . Z	

7. DATING AND SEXUAL BEHAVIOR

Now I want to ask questions about sexual activity. We are interested in finding out whether people your age are sexually active. Your responses will be treated confidentially and will only be used for scientific research.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
701	Did you ever have a boy/girl friend?	YES . . . . . 1 NO. 2	→ 704
702	How old were you when you first had a boy/girl friend?	AGE IN YEARS . . . . . ☐☐ NEVER . . . . . 95 DON'T KNOW 98	
703	Do you currently have a boy/girl friend?	YES . . . . . 1 NO. 2	
704	Do you have any friends who have had sex before marriage?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	→ 705A
705	Do you feel that because your friends have had sex that you also have to have sexual intercourse?	YES . . . . . 1 NO. 2	
705A	Do you approve of a woman who had sexual intercourse before marriage?	APPROVE . . . . . 1 DISAPPROVE . . . . . 2 DEPENDS 3	
705B	Do you approve of a man who had sexual intercourse before marriage?	APPROVE . . . . . 1 DISAPPROVE . . . . . 2 DEPENDS 3	
705C	Do you approve of people who had sexual intercourse outside marriage if:	APPROVE / DISAPPROVE	
	They both like to have sex	LIKE SEX 1 2	
	They love each other	LOVE EACH OTHER . . . 1 2	
	They plan to get married	PLAN TO MARRY 1 2	
	The woman is an adult and knows the consequences	WOMAN KNOWS CONSEQUENCES . . . 1 2	
	They want to show their love	SHOW LOVE 1 2	
705D	Do you approve strongly, approve or disapprove of the opinion that women should maintain virginity before marriage?	APPROVE STRONGLY . . . . . 1 APPROVE . . . . . 2 DISAPPROVE 3	
705E	Do you think that men in general still value their partner's virginity?	YES . . . . . 1 NO. . . . . 2 DEPENDS 3	
706	Have you ever had sexual intercourse?	YES . . . . . 1 NO. . . . . 2 DON'T KNOW 8	→ 718
707	When did you last have sex?	DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐	
708	The last time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy?	YES . . . . . 1 NO. . . . . 2 DON'T REMEMBER 8	→ 710
709	What did you or your friend use? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	CONDOM . . . . . A PILL . . . . . B DIAPHRAGM . . . . . C WITHDRAWAL . . . . . D PERIODIC ABSTINENCE . . . . . E OTHER _____ X (SPECIFY	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
710	How old were you when you first had sexual intercourse?	AGE IN YEARS . . . . . ☐☐ DON'T KNOW 98	
710A	What made you have sexual intercourse the first time? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	LIKED EACH OTHER . . . . . A CURIOUS . . . . . B PEER PRESSURE TO BE ACCEPTED . . . . . C FORCED . . . . . D INFLUENCE OF ALCOHOL OR DRUG . . . . . E OTHER _____ X (SPECIFY)	
710B	What is your relationship to the person you had sex with the first time?	FRIEND . . . . . A BOY/GIRLFRIEND . . . . . B SIBLING . . . . . C RELATIVE . . . . . D FATHER . . . . . E MOTHER . . . . . D PROSTITUTE . . . . . E OTHER _____ X (SPECIFY)	
711	The first time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy?	YES . . . . . 1 NO. . . . . 2 DON'T REMEMBER 8	→ 714
712	What did you or your partner use? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	CONDOM . . . . . A PILL . . . . . B DIAPHRAGM . . . . . C WITHDRAWAL . . . . . D PERIODIC ABSTINENCE . . . . . E OTHER _____ X (SPECIFY)	
714	Sometimes a woman becomes pregnant when she doesn't want to be. RESPONDENT IS FEMALE: In the past, have you ever become pregnant when you did not want to be? RESPONDENT IS FEMALE: In the past, have you ever had a sex partner who became pregnant when you did not want her to be?	YES . . . . . 1 NO. 2	→ 718
715	In this situation, what did you do about it?	CONTINUE THE PREGNANCY . . . . . 1 STOPPED THE PREGNANCY . . . . . 2 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED . . . . . 3 HAD A MISCARRIAGE . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 717 → 718
716	What did you do with the baby?	KEEP THE BABY . . . . . 1 BABY CARED BY OTHER PEOPLE . . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 718
717	Who helped you in delivering the baby (in stopping the pregnancy/attempting to stop the pregnancy)? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	DOCTOR . . . . . A MIDWIFE/NURSE . . . . . B TRADITIONAL BIRTH ATTENDANT . C PHARMACIST . . . . . D FRIENDS/RELATIVES . . . . . E NO ONE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
718	RECORD THE TIME	HOUR . . . . . ☐☐ MINUTE . . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR :_____DATE: _____

PARENTS LOVE THEIR CHILDREN	**FARMING IS HARD WORK**
BOYS AND GIRLS ARE THE SAME	**LEARN FROM OTHER'S MISTAKES**
THAT CHILD IS READING A BOOK	**ALL CHILDREN HAVE TO GO TO SCHOOL**