CAUGHT IN TRANSIT: QUESTIONS ABOUT THE FUTURE OF INDONESIAN FERTILITY

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SUMMARY

Three decades after the establishment of a government sponsored family planning program in Indonesia attempts to predict the course of transition in fertility are frustrated by the complexity and opaqueness of demographic analyses. Economic crisis, political turmoil and social breakdown have undermined the optimistic scenarios painted a mere decade ago. The lack of reliable demographic data has been exacerbated by the impact of major budget cuts on the national census of 2000 and the radical decentralization plans implemented in 2001. Speculations about growing poverty, declining social institutions and political uncertainties abound, and commentators read potential demographic reverses into their prognoses about this, the fourth largest population, and largest Muslim majority nation in the world. Against such a contradictory backdrop demographers can only point to two basic arguments. First, detailed examinations of the available data indicate a possible slowing but not a reversal of trends. Specifically the 'proximate' determinants of contraceptive use and delayed marriage have been robust in the face of dramatic economic decline. Second, the rising cohorts of women of childbearing age continue to show higher levels of education, increasing involvement in both the formal and informal workforces, and firm resolution to control their fertility at comparatively low levels. When looking forward to 2025 it is well to remember that Indonesia is well past the half-way point in the transition from high to low fertility, and there is every indication that the decline in family sizes will continue.

INDONESIAN FAMILY PLANNING IN A CHANGING POLITICAL ORDER

Twenty years ago Indonesia was depicted as a case where rapid fertility decline preceded major economic improvement and thus could justifiably be attributed to the efforts of the government family planning program (Sinquefield and Sungkono, 1979; Freedman and others, 1981). While many demographers interpreted the role of the government program (with the Indonesian acronym BKKBN) as that of a catalyst rather than the prime causative mechanism of fertility change, the political and popular interpretation of the situation was simplified down to the notion that government had engineered a remarkable change through force of policy, planning and logistic management. This rather naïve idea was welcomed by the financers of the program – the World Bank and the US Agency for International Development – and Indonesia was embraced as the model for other developing countries, with the award of numerous prizes and awards to the BKKBN and to President Suharto.

Even as Indonesia was being feted as a model for poor countries it became obvious that much more was changing than simply the spread of contraception and the fall of fertility. By 1980 the rapid pace of broad economic progress of the nation became more obvious, and the social changes accompanying that progress more dramatic. Still, many evaluations continued to treat the program in isolation as a focussed institutional node. This was exemplified by the Mauldin and Lapham (1985) framework of analysis as critiqued by Entwisle (1989) and Hernandez (1984 and 1989) (See also Mauldin and Ross, 1991). If observers adopted a broader perspective, the family planning program was seen as an instrumental means of achieving a wide range of economic and social changes through stressing income

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generating projects, family welfare goals or "acceptor groups", as described by Warwick (1986, p. 458), Giridhar, Sattar and Kang (1989) and Suyono and Shutt (1989). Only rarely was the program analysed in the context of deeper ideological and political changes in Indonesia (eg. Hull, 1987; Hugo and others, 1987; Hull, 1994; Hull and Hull, 1997). This is strange since the political setting, and especially the ideological underpinnings of political changes, were crucial in determining the establishment, development, and results of government programs including family planning, health, education, and social development. Even those elements of the program credited with carrying contraception and population education to villages, such as the establishment of community based distribution systems, were ultimately products of changes to village structure and function rooted in the colonial period, and developed in an accelerated form under the New Order (Warren, 1986, MacAndrews, 1986). The central government succeeded in developing tight lines of control reaching through the various levels of political administration to a cadre of officials in the village who owed their livelihoods and their loyalties to the Minister of Interior Affairs. The family planning program represented development at the margin (albeit an important margin) of new formations of governance and socialisation in a society that was grappling with different options to build a national identity on a heterogeneous foundation.

The social change that was seen between 1965 and 1990 – the time in which fertility rates were essentially halved – was incremental, and was a process of transformation via a series of mutually reinforcing marginal movements. The engine of that change was less the formal institution of the family planning program than it was the oil boom beginning in the 1970s which fuelled development, the political controls which purchased stability and authority, and the bureaucratic reforms and communications innovations that made regions responsive to central direction. Without these more basic changes the BKKBN would not have had a foundation on which to implement actions to achieve the logistic and informational goals formulated to promote contraceptive use.

In Indonesia the key political and administrative changes were attributable to the nature of the post-coup New Order regime. The change from the old to the New Order in 1965-7 involved a rearrangement of political power such that the major inhibitions to family planning (political Islam and nationalistic economic planning) were replaced by forces supporting birth control (secularist authoritarianism and modernising technocratic planning). On the new agenda was high profile "institution building" with large investments made in improving central government departments, strengthening control of regional and local government, and directing all social organizations to a goal of development under the common ideological banner of *Panca Sila.* These 'five pillars' of national ideology were created in 1945 at the dawn of Indonesian Independence to give a foundation to a secular state. The pillars have been translated in various forms, but can be summarized as: Belief in God, National Unity, Humanitarianism, Social Justice and Rule by Consensus (see the papers in van Ufford 1987). At the time of the formulation of the ideology, and frequently and increasingly since, many leaders from the conservative Muslim stream of politics have pressed to modify or abandon the *Panca Sila* in favour of a religious based ideology supportive of an Islamic State. The family planning program has grown as a product of a secular state even as it has shown policies that were formulated to be sensitive to Islamic values and teachings (Fathuddin and others, 1993).

The call for an Islamic State is based on the argument that the vast majority of the population is Muslim, and they often quote figures of as much as 95 per cent adherence, rather than the census figure of 87 per cent or the more pragmatic realisation that a substantial proportion of those listed as adherents to Islam are "statistical Muslims" carrying out animistic and other spiritual practices. Resistance to such religious politics prevailed under the leadership of Sukarno in 1945, was maintained by Suharto through 1998, and since has found support from the religiously oriented leaders Habibie and Wahid. The latter two successors to Suharto refused to accept an Islamic State because they had visions for the nation as a technocratic powerhouse or a humanistic democracy, respectively. Their successor, Megawati Sukarnoputri, the daughter of Sukarno, has maintained a commitment to secular government against

growing pressures from many national legislators and local leaders who want a charter to institute a religious state with a range of laws and legal procedures for Muslims while respecting the political rights of other religions. The fear of many secularists is that changes to the ideology of the state would lead to disintegrative fractures across the society, and specifically would place the family planning program in a firing line on issues related to morality, the family and particularly the issue of reproductive health of adolescents.

Through the entire period social changes related to marriage and family relations rode on the wave of "globalization" that was the hallmark of developmentalism and consumerism in the society. As Indonesia entered the 1990s the family planning program was again transformed in response to changing political ideologies and structures. Moves to de-regulate and privatise state enterprises and the financial sector were mirrored in the "KB Mandiri" (Family Planning Self-Sufficiency) program for privatising contraceptive services, and a variety of initiatives to reduce government spending on health care in favour of private sector developments. The rise of "private" and secular forces challenged the exclusionary type of authoritarianism of the early New Order period, and accompanied calls after 1989 for more "openness" in government, a greater role for the parliament, and increased pluralisation of power (MacIntyre, 1989, pp. 232-233). The demand for greater participation in government and responsiveness from bureaucracy spawned investigativeness in the press and among professionals. It also led to the public airing of charges of undue pressure to ensure public compliance with family planning targets (Hull, 1991). It was thus not a surprise to see the BKKBN taking a 'Quality of Care' (QOC) line in defining a more comprehensive reproductive health approach in the year leading up to and following the 1994 International Conference on Population and Development in Cairo. It was also not surprising to hear complaints from donors and NGOs that the QOC initiatives seemed to be more window dressing than commitments. Habits of authoritarianism could not be overcome by slogans, and it was only in 1997-1999 that the political forces could be mobilised to challenge and ultimately defeat the New Order and usher in a Reform agenda. Yet the fall of Suharto, the inter-regnum of Habibie, and the election of Wahid seemed, in 2000, to have placed Indonesia in unstable and unpredictable times. Since then, the fall of Wahid, and the emergence of Sukarnoputri as President, has demonstrated the persistence of debilitating conflicts within the national elite. In such a context it is difficult for the nation to focus on issues such as the reproductive health needs of women, and the problems of measuring fertility, contraceptive use or mortality. To look at the future then, we have to consider the descriptions of the past, and extrapolate the likely trends of behaviour at the level of individual motivations, and institutional structures and functions.

MEASURED ACHIEVEMENTS IN CONTRACEPTIVE USE AND FERTILITY DECLINE

However unsteady the ship of state may have appeared in the year President Wahid came to power, the demographic situation in Indonesia provoked none of the fear and concern that had bothered the technocrats three decades earlier. Instead the news on family planning and fertility seemed quite good, at least in terms of the direction of the trends. The new leadership inherited family planning data shown in table 1. Birth control in Indonesia had become majority behaviour, largely reflecting the use of a wide range of female methods of contraception. The lack of gender equity in these figures is highlighted by the steady decline in reported use of the male methods of condoms, vasectomy and withdrawal, from a combined total of 3.1 per cent of couples in 1987 to 1.9 per cent ten years later. Had there been more emphasis on male methods over this period of time it is possible that Indonesia would have achieved rates of contraceptive prevalence above 60 per cent. Instead the bureaucracy faltered. Leaders in the community and the family planning program became remarkably conservative about the idea of promoting male methods. Increasingly they questioned the efficacy of condoms and the acceptability of vasectomy, opting to ignore clear evidence that ordinary Indonesian men and women were quite interested in trying the male methods. It seemed to be a matter of frightening the horses – once a few leaders expressed concern about the morality or efficacy of male methods, the herd began running with unfounded ideas about primordial male fears of castration, and pinhole leaks in vulcanised rubber. As a

result Indonesia in a time of HIV saw the steady decline in condom use for family planning and the failure of relatively inexpensive male sterilization to reach even one third of the number of female sterilizations. Indonesian women were less prone to panic than men, or at least they were more tolerant of the side effects and discomfort they suffered in their attempt to control their fertility. In a relatively unsupportive environment they persevered with birth control by changing methods on a fairly regular basis.

Over time the patterns of contraceptive use tended to show a broad mix of methods, with most users choosing one or another formulation of hormonal methods, but a substantial minority persisting with the IUD, or experimenting with traditional methods such as rhythm or herbal preparations. Where in 1970 women were rounded up for mass lectures on the need for birth control, by 1997 virtually all Indonesian women knew how to obtain and how to use a number of contraceptive methods, and they were acting on that knowledge. Young women in particular saw the methods as the key to delaying and spacing pregnancies so they could participate in the formal labour force. Couples approached by survey researchers no longer spoke of 'each child bringing its own fortune', in the way of the Javanese proverb, but instead detailed the fortune required to bring up a child well in a rapidly changing world with consumer temptations and expensive schooling requirements.

While the rising trend of contraceptive use appeared to signal a deep change in the reproductive lives of Indonesian women, many policymakers feared that any faltering in the pressures exerted by the family planning program could see a reversal of these trends. Essentially there was a belief among the elite that the women of Indonesia needed continual guidance to control their fertility. At the same time other observers feared that the logistics system delivering contraceptives across the nation was fragile, and any blow to the government budget could produce a collapse of services. The 1997 economic crisis produced just the conditions feared by these interpretations – economic decline struck at the budget for family planning, and political change carried with it calls for an end to authoritarianism. New leaders in the family planning program set about constructing new strategies to meet the needs of a mission statement revised to promote voluntarism and quality of care. Table 2 shows the results of annual surveys conducted by the Central Statistical Board using a standard set of questions to estimate the prevalence of use of contraceptives among women of reproductive age, and to show the method choice among users of contraceptives. While based on a different type of information than that shown in table 1, the results are comparable. They also show that there was virtually no decline in contraceptive use, and little change in the pattern of method choice. There are many reasons for the robust response of the family planning program to the dramatic changes buffeting the country. Perhaps the key point is that family planning has become a universally accepted practice among all political, religious, and social groups. In addition, the National Family Planning Coordinating Board (BKKBN) is widely regarded as one of the strongest government departments in terms of planning, administration, and evidence based policy-making. When the crisis hit, the staff of the BKKBN was ready to identify areas of need, and could justify immediate support for intervention. Donors moved quickly to respond to requests for help in providing supplies. The result was that from 1998 through 2000 there was not a crisis in contraception.

The steady growth of contraceptive use over three decades was related to major changes in the lives of Indonesian women. Table 3 shows some rough indicators of changes in schooling, work and family formation, the three elements of a change in the roles and place of women in society. While not necessarily indicating a revolution in the life situation of women, these census results do show some steady and significant changes that validate the impressions of rapid change coming from observations in cities and villages across the archipelago. Focussing on the crucial decision making years of adolescence and young adulthood, we can see that over two decades there has been a marked rise in participation in schooling, and a change in the nature of participation in the formal workforce. Where around half of 10-14 year old girls were able to go to school in 1970, four out of five were studying in 1990. At the same time this age group showed a decline in involvement in the formal labour force, a trend that matches the

observations in community studies showing that young adolescents were much less likely to participate in any form of house or informal work than previous generations, in part because they were enrolled in school. Another major factor changing the roles of 10-14 year old girls was the lower fertility among their mothers in the 1970s and 1980s, meaning that there were fewer young siblings requiring the care of pubescent girls. With high parity births becoming more rare, low parity children reaped benefits in terms of free time, increased shares of family resources, and encouragement to study.

The situation of the maturing adolescents was somewhat different. While they were more likely to continue in school, the proportion of 15-19 year olds who were currently enrolled had only reached one third of the cohort in 1990, up from less than one fifth in 1971, while another third was active in the formal labour force. About one in five of the age group was married in 1990. This group seemed balanced in a series of incomplete changes. While there might be ambitions to continue schooling, there were barriers in either availability of places, or cost of enrolment. Employment might be attractive, but good jobs in the formal workforce required training and commitment that the adolescent might lack. Increasingly late adolescent was defined as not yet an adult (a status bestowed with marriage) and no longer a child, but this meant a life of informal labour and confusion about options for the future. Certainly marriage figured prominently in the picture, but the search for a partner became more problematic with young people increasingly searching for love matches, while parents continued to have an important role in supporting the decision making, and working for an appropriate match for their child.

Young adults found the social changes opening new options, depending on their social class. For the elite and growing middle class the rapid expansion of the tertiary education sector meant that studies could be prolonged in various professional and academic pursuits. Many of the tertiary institutions were run by the private sector and prepared young men and women for careers in the service or administrative industries, while others produced teachers and health sector workers. Few tertiary students could combine marriage with their studies, but some could work and study at the same time. The idea of a career made young women reconsider the timing and the style of their marriages. Increasingly marriage did not necessarily mean early childbearing, both because the marriage might be delayed till after completion of tertiary education, but also because the initiation of a career competed with motherhood. Like women throughout the developed world, young Indonesian women struggled with competing expectations of their families, and their tentative ambitions for personal development. In the large cities an increasing number of women resolved the tensions by simply deciding to remain single and devote themselves to their careers. For most women though, marriage was the firm expectation, and they attempted to achieve career goals and motherhood goals by using family, servants and leave conditions to support them in the early difficult years of childrearing.

The impact of these changes on fertility can be seen in the age specific fertility rates in table 4. Successive groups of 15-19 year olds have been less likely to be married and bearing children, such that the fertility of the group dropped nearly two thirds. Young adult women were only half as likely to give birth in the mid 1990s as were the same age group in the late 1960s. For these women the pattern of delayed childbearing in the early years of life promised to be followed by fewer children later on. After age 30 each successive group of women in each five-year age group have shown steady fertility declines, with an overall decline of 50 to 68 per cent between the late 1960s and the mid 1990s.

Again, the fears of policymakers centered on the notion that the economic crisis of 1997 – 99 would produce a ‘baby boom’. These were the words in the front-page headlines of early 1998. As mentioned above, the BKKBN was prepared for the crisis, and the donor community supported efforts to maintain availability of supplies and equipment in times of tight budgets. Thus the reported use of contraception did not waiver. In the bottom panel of table 4 we can see that the trend in fertility did not stall, but appeared to continue to decline.

This statement has to be modified with expressions of uncertainty because the data source and method of estimating the total fertility rate are both less than ideal. The SUSENAS is a national sample survey held annually to collect a wide variety of data, and each year the structure and content of the questionnaire changes. Because of budgetary problems, there has also been some variation in the way samples have been drawn. While these issues should not have a major effect on the data on the numbers and ages of people living in households, they could. The Rele method of fertility estimation takes the child-woman ratio – that is all children counted in the survey from birth to exact age 5, divided by the number of women of reproductive age – to estimate the level of fertility for the five years preceding the survey. Thus successive annual surveys should be measuring overlapping periods of fertility experience. In the array of numbers from surveys between 1993 and 2000 the estimates show continuing decline, implying that the point estimate for 2000 would actually be well below the five-year average of 2.2. No analysts in Indonesia believe that fertility could have fallen so far by that time. A comparison of the estimates in the bottom and top panels indicates that the Rele method consistently underestimates TFR by 0.3 to 0.4 children for the same periods of time. It may be that we can gain confidence from the Rele estimates of annual trends, even though we distrust the level of fertility implied by the numbers. Indonesian women at the turn of the century thus appear to have reached replacement levels of childbearing. There is little reason to think that this trend will halt. It is instructive to look at these macro fertility measures from a micro perspective.

From the viewpoint of individual women the issue is not how many children they have, but how many they can raise to adulthood. Figures 1 and 2 show the changes of fertility in terms of lifetime family sizes (surviving children) for cohorts of women as represented by the women beginning childbearing at age 15 in different years roughly a generation apart, and for the hypothetical cohorts of women assumed to follow cross-sectional fertility and mortality experiences that prevailed in different years from 1950 to 2010.

The cohort trends in chart 1 show the inefficiency of childbearing rates for the 1950 cohort because even though they had higher fertility than the 1965 cohort, the family sizes were smaller by the time they reached 60. All subsequent cohorts show lower, flatter family size curves – the restricted fertility brings the level down, but the falling mortality means that survivorship is much improved. The women who began childbearing in 1995 are projected to have a two child family on average, and the assumptions of *World Population Prospects* indicates that the girls entering school in 2000 will raise an average of only 1.6 children over the course of their reproductive careers. The reduction of future fertility is, of course, a matter of speculation, but it is difficult to see how fertility would actually increase from levels of the 1990s, and chart 2 shows that the hypothetical cohort of 2010 could have two child families on average if they follow the medium path, or 1.6 if they show much reduced fertility. The point is that neither assumption shows anything like a return to the family sizes of the 1980s (a time of remarkable economic growth and social change) and even to follow the 1995 pattern would seem to imply that many of the conditions and motivations for childbearing – including the educational and work aspirations of women – would have to be seriously modified.

With all the political uncertainties in Indonesia today it would not be wise to say 'never' but it is equally true to say that there are no indications in the government or the people to suggest that such changes would be welcome, or possible. It is likely that fertility in 2002 is continuing its decline, even if the rate of decline may have slowed because of the negative impact economic and political factors have on the provision of health and contraceptive services.

PREDICTING FUTURES FOR REPRODUCTIVE HEALTH IN UNPREDICTABLE TIMES

If the past is 'plural' depending on the different interpretations that can be applied to events, then the future is also plural, but in accord with the wide variety of reasonable assumptions that can be made

about the likely course of events. This reflection seems all the more apt as Indonesia struggles with the challenges of building democracy on the foundations of authoritarianism. It requires more time and a fuller revelation of the potentialities of the current political processes to make predictions of the political future of reproductive health, but already there are signs that some valuable legacies of the New Order may be preserved, and the more egregious errors of authoritarianism may be overcome.

The Health Reform initiatives of the Ministry of Health in 1998-2000 (Hull and Iskandar, 2000, p. 106; Lieberman and Marzoeki, 2000) offer the strongest hope that women and men will continue to have access to contraceptive services. After all, in the development of the national family planning movement, medical personnel assisted by paid or volunteer outreach workers provided most basic services for the bulk of the population. The training and organization invested in these groups by the BKKBN can be utilised in the construction of a more client-oriented, less authoritarian approach. The commitment to preventative health care offers a firm foundation to continue family planning services, and could be used to improve services for prevention of sexually transmitted diseases and the morbidities and mortalities of pregnancy. A network of factories and distribution channels that make a wide variety of contraceptives available to all Indonesians constitutes a major industrial resource worthy of preservation. Conservative politicians could in time question the maintenance of a specialized family planning promotional service in the BKKBN, but the work of such an organization as a facilitator of community mobilisation is generally welcomed by society, even when some specific activities are questioned.

Errors arising out of patrimonialism and authoritarianism may be resistant to correction to the extent that cultural factors underpin many unhealthy practices. Complaints of coercion, insensitivity, lack of male participation or responsibility, lack of adequate information, and disrespectful treatment of clients can often be traced back to gender relations, class relations and organizational cultures that may require years, if not generations to redress (Hull and Hull, 1997). Nonetheless when President Wahid appointed Khofifah Indar Parawansa as Minister for Women's Affairs in 1999, many observers were startled that two of her first actions were to rename her position as the Minister for Women's Empowerment, and to claim authority to oversee the BKKBN. It was clear that she had the desire to face issues of gender and morality in providing directions for the reproductive health program, and that she would clearly set out a feminist agenda to ensure that women take an active role in shaping the program and that men take on some of the burdens of contraceptive use. In the two years of her tenure in the post she steered the BKKBN to adopt a new "Vision and Mission" statement. The vision was for *Quality Families in 2015* and the mission started with a goal to *empower and motivate the community to build small, quality families,* where the word small was not given a numeric value but a statement that families should be brought to an understanding that the best ages for childbearing are 20-30 and there is a need to maintain a healthy pattern of birth spacing. Effectively this implies a 2 or 3 child family, assuming a woman begins childbearing at 20, but as we have seen women are increasingly delaying marriage and childbearing for education and work reasons. Indonesia is certainly maintaining goals consistent with further fertility decline, even as it moves to commit government attention to the empowerment of women. The program has changed, but nothing in the change would seem to imply that fertility would rise.

Beyond the correction of errors and the preservation of valuable legacies of family planning are the challenges of big arena politics facing Indonesia. Discussions of reproductive health go quiet when newspapers headline murders in city streets, religious wars in neighbouring centres, and intractable corruption of enormous scale. Loss of self-confidence is a problem for an individual, but it can become a tragedy for a nation. It drains away resources needed to address the reproductive health needs of citizens. Worse, the loss of a sense of common purpose erases all realistic formulations of health goals from the national consciousness. In Eastern Indonesia and Aceh the new millennium was greeted with demands for separation from the Unitary State rather than plans for cooperation to overcome HIV/AIDS, maternal mortality or unwanted pregnancies. While unemployable youths fought in the streets over ethnic and

religious slights spectators to the violence took the lesson that National Unity was fragile, Humanitarianism conditional, Social Justice problematic, and Rule by Consensus impossible.

For many people the only pillar of the *Panca Sila* left standing was Belief in God, and with all the other pillars weakened, that belief could be manipulated in unpredictable directions. Without Social Justice, Humanitarianism or Rule by Consensus, religion could justify intolerance. Without National Unity it could promote destruction. Hope lies in the fact that Indonesia's futures remain open, the five pillars set out in the 1945 Revolution can be defended, and the commitment to citizens' welfare could become a reality, if both the leadership and the citizenry are committed to these values. If that were to happen, the reproductive health program could return to the politics of improving the implementation of activities, rather than being caught in the politics of dealing with threats of disintegration.

PREDICTING FUTURES FOR FERTILITY IN INDONESIA

For most Indonesians the time horizon for thinking about the future has shrunk since 1997. Economic crisis, political turmoil, and concerns about the emergency support mechanisms available in society have come to dominate thinking. Politicians have a time horizon of 2004, the next general election. Economists focus on the IMF negotiations for the next year, and breathe hefty sighs of relief each time a positive growth estimate for the next year is released, and deep sighs of depression when they think of the national debt, the banking crisis and low foreign investment.

While it is easy to dismiss these as parochial interests of men in suits, there are clear links between these myopic visions and the factors shaping the plans and aspirations of young women entering the years of potential motherhood. Each woman who fails to progress to higher levels of education risks having parents urge marriage as an alternative future. Each worker laid off from a factory risks finding the most feasible alternative to be staying at home to engage in the work of the household, including raising children. Women without education and without work find their negotiating position in the family potentially undermined. In such situations elite Indonesians fear that poor women will simply retreat to childbearing to put meaning in their lives. The poor though may reject that option because they still desire education for their children, and see the economic problems as barriers to be overcome by investing more in each child, rather than gambling that many children will produce some natural winners. However the national political and economic problems work out, the thinking of individual Indonesians has changed in ways that imply moderate to low fertility, depending on the changing context in which they live. The prediction of future fertility levels then means that we have to predict the future society. Students of Indonesia are struggling to do that on an annual basis – 2050 is an impossible distance to contemplate.

TABLE 1. REPORTED USE OF METHODS OF BIRTH CONTROL IN INDONESIA
(Percentages of currently married women aged 15-49)

Methods	*1976*	*1987*	*1991*	*1994*	*1997*
Official program methods	17.2	40.7	43.7	48.4	51.3
IUD	4.1	13.2	13.3	10.3	8.1
Pill	11.6	16.1	14.8	17.1	15.4
Injectables	-	9.4	11.7	15.2	21.1
Implant	-	0.4	3.1	4.9	6.0
Condom	1.5	1.6	0.8	0.9	0.7
Program promoted but non-offic ial methods	0.1	3.3	3.3	3.8	3.4
Female sterilisation	0.1	3.1	2.7	3.1	3.0
Male sterilisation	0.0	0.2	0.6	0.7	0.4
Traditional and folkloric methods	1.0	6.0	2.7	2.7	2.7
Rhythm	0.8	1.2	1.1	1.1	1.1
Withdrawal	0.1	1.3	0.7	0.8	0.8
Traditional (herbs or massage) and other methods	0.1	3.5	0.9	0.8	0.8
Reported use of any method	18.3	49.8	49.7	54.7	57.4
No method	81.7	52.3	50.3	45.3	42.6

Sources: 1976 SUPAS, 1987 Contraceptive Prevalence Survey, 1991, 1994, and 1997 Indonesian Demographic and Health Surveys, tabulated and published by the Central Statistical Board.

NOTES: A dash indicates that data are not available in the particular surveys reviewed to compile this table.

TABLE 2. REPORTED CONTRACEPTIVE USE AMONG MARRIED WOMEN AGED 15–49, BY PREVALENCE AND METHOD USED, 1993–2000

Year	*Prevalence (% of all women)*	*Pill*	*Injection*	*IUD*	*Implant*	*Sterilization*	*Condom*	*Others*
		(% of current users)						
1993	53.1	27.5	32.3	23.7	2.5	8.2	2.2	3.7
1994	54.2	28.4	33.1	23.6	2.5	7.2	1.8	3.4
1995	54.2	29.1	35.0	21.0	2.6	7.7	1.5	3.1
1996	54.2	27.0	37.5	19.8	4.0	7.2	1.6	2.9
1997	55.3	28.1	40.0	17.8	4.6	6.2	1.3	2.0
1998	55.4	27.2	41.2	17.4	4.7	6.0	1.3	2.3
1999	55.4	29.0	39.9	17.2	4.0	7.0	1.0	1.9
2000	54.8	26.9	42.5	16.4	4.4	7.3	0.7	1.8

Source: BPS (various years), *Statistik Kesejateraan Rakyat* [People's Welfare Statistics], Report of the annual National Social and Economic Survey (SUSENAS) results. Jakarta: Central Statistical Board.

TABLE 3. CHANGES IN PERCENTAGES CURRENTLY IN SCHOOL OR CURRENTLY WORKING AND MARRIAGE STATUS INDICES FOR INDONESIAN FEMALES, 1964-1990

	1971	*1980*	*1990*
Schooling and formal work			
Percentage currently in school among:			
10-14 year olds	57.5	77.6	82.5
15-19 year olds	17.0	26.0	37.3
20-24 year olds	3.0	3.9	7.2
Percentage currently working in the formal sector among:			
10-14 year olds	10.8	9.0	8.1
15-19 year olds	26.6	29.8	30.3
20-24 year olds	29.1	32.7	39.3
Marriage Status Indices			
Percentage never married among:			
10-14 year olds	97.7	99.2	99.6
15-19 year olds	62.6	70.0	76.5
20-24 year olds	18.5	22.3	25.3
Percentage married among:			
10-14 year olds	1.8	.7	.4
15-19 year olds	32.2	27.3	22.0
20-24 year olds	73.2	72.2	70.5
Singulate mean age at marriage	19.3	20.0	20.5

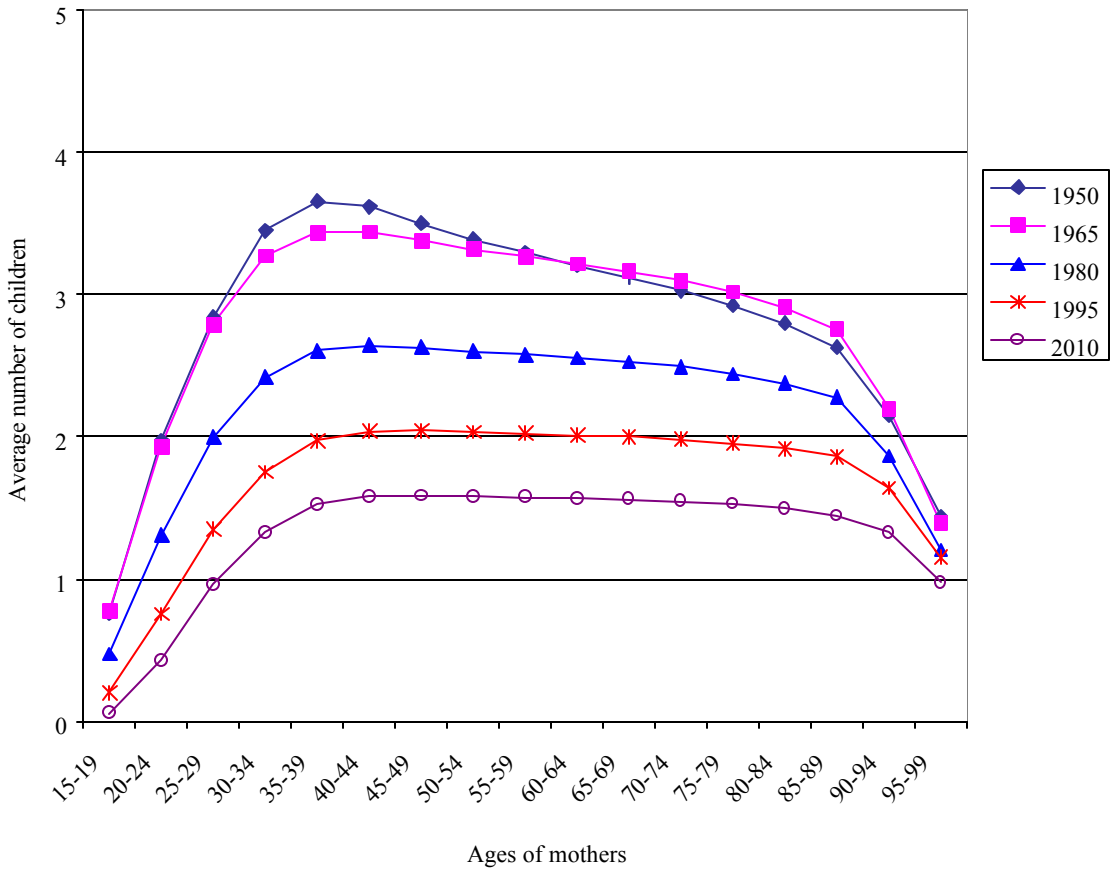
Source: Calculated from Census reports published by the Central Bureau of Statistics.

TABLE 4. AGE SPECIFIC AND TOTAL FERTILITY RATES, INDONESIA, 1964 TO 1994

	Age specific fertility rates (ASFR)							
Reference period	*15-19*	*20-24*	*25-29*	*30-34*	*35-39*	*40-44*	*45-49*	*TFR*
1965-70	158	290	277	224	146	75	12	5.9
1971-75	127	265	256	199	118	57	18	5.2
1976-79	116	248	232	177	104	46	13	4.7
1980	90	226	213	163	105	43	14	4.3
1981-84	95	220	206	154	89	37	10	4.1
1983-87	75	189	174	130	75	32	10	3.4
1983-87	78	188	172	126	75	29	10	3.4
1985	46	176	173	134	83	32	10	3.3
1985-89	71	179	171	129	75	31	9	3.3
1988-91	67	162	157	117	73	23	7	3.0
1991-94	61	148	150	109	68	31	4	2.9
1995-1997	62	143	149	108	66	24	6	2.8
Percentage decline, 1965-70 to 1994-97	60.8	50.7	46.2	51.8	54.8	68.0	50.0	53.0
	Rele estimates of TFR based on SUSENAS data							
1989-1993								2.7
1990-1994								2.6
1991-1995								2.6
1992-1996								2.6
1993-1997								2.4
1994-1998								2.5
1995-1999								2.3
1996-2000								2.2

Sources: 1971 Census, 1976 SUPAS, 1987 Contraceptive Prevalence Survey, 1991, 1994, and 1997 Indonesian Demographic and Health Surveys, all tabulated and published by the Central Statistical Board using a variety of estimation methods. Figures calculated from the 1993 through 2000 SUSENAS (National Social and Economic Survey) were calculated from data tapes by Hendratno Tuhiman of the Demographic Institute, University of Indonesia, using the Rele regression method.

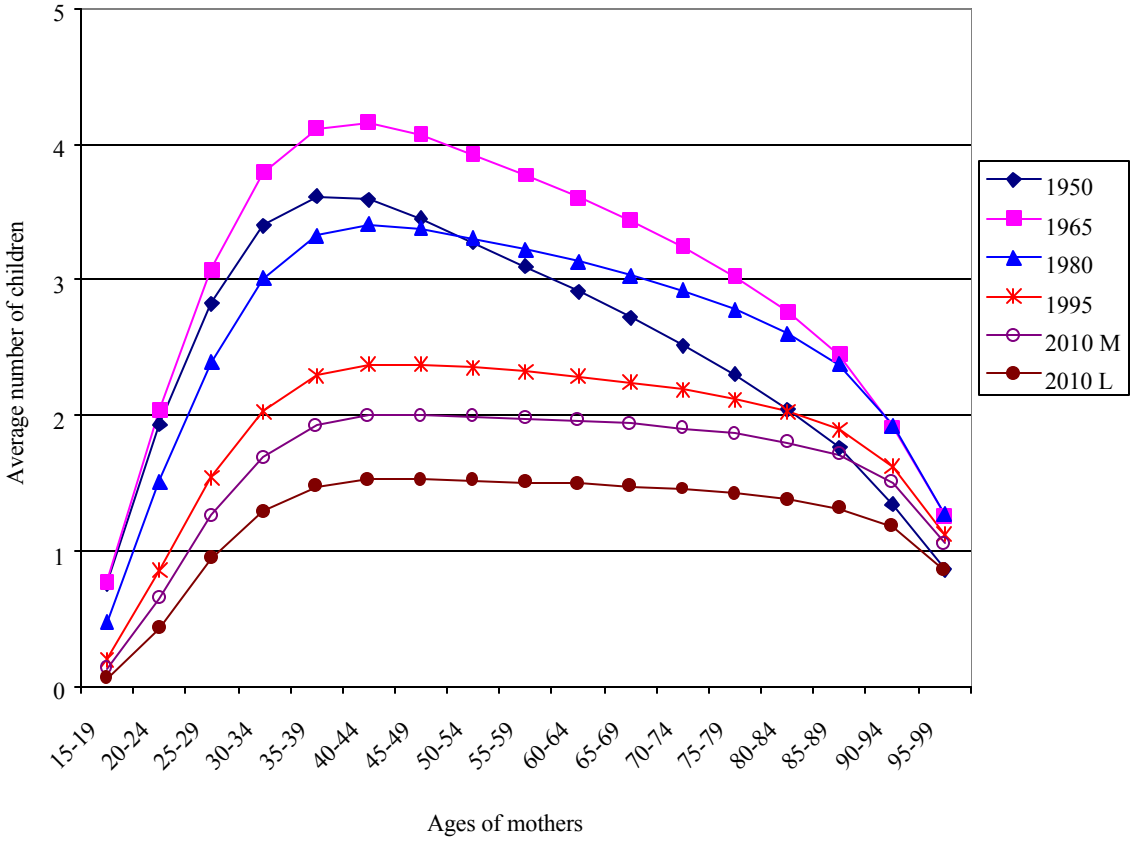
Figure 1. Average number of children living over the lifetimes of cohorts of mothers turning 15 in 1950, 1965, 1980, 1995, 2010



Source: World Population Prospects 2000 Revision, Unit ed Nations Population Division.

NOTE: Cohort turning 15 in 1950, TFR=5.45; Cohort turning 15 in 1965, TFR=4.57; Cohort turning 15 in 1980, TFR=3.11; Cohort turning 15 in 1995, TFR=2.22.

Figure 2. Average numbers of children living over the hypothetical lifetimes of women giving birth* in 1950, 1965, 1980, 1995, 2010



Source: World Population Prospects 2000 Revision, United Nations Population Division.
NOTE: Estimated actual fertility and mortality to 1995, projected fertility and mortality (medium and low) in 2010.

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