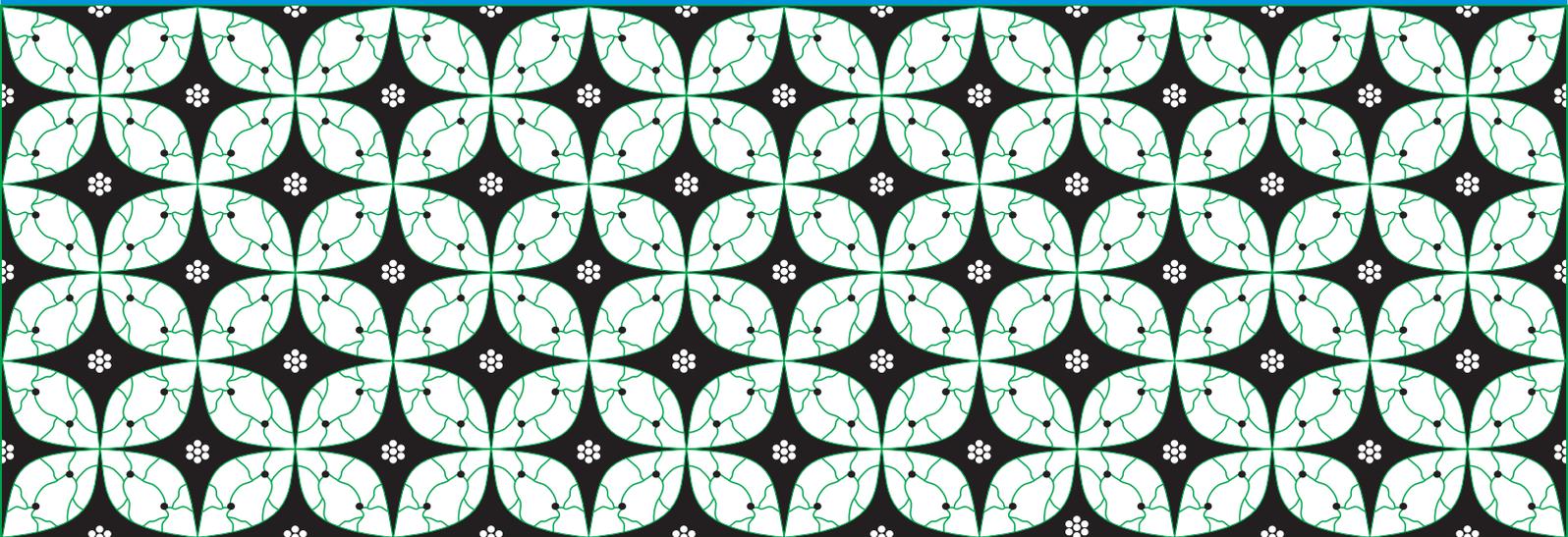


# Indonesia



## Demographic and Health Survey 2012 Male Module

# Indonesia Demographic and Health Survey 2012

## Male Module

*A Cooperation Between :*



The National Population and Family Planning Board  
Jakarta, Indonesia

*and*



The United Nations Population Fund, Indonesia

*October, 2014*



# *Preface*

## *The National Population and Family Planning Board*

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As inspired by ICPD 1994 agreement, reproductive health promotion was being integrated into national family planning program by BKKBN. Reproductive health promotion includes male and female reproductive health services and promoting reproductive rights, promoting gender equity, promoting male responsibility as well as male involvement in reproductive health, and healthy sexual practice which is safe for himself, his spouse, and his family.

IDHS 2012 male module is a third survey as sub-sample of the IDHS 2012 that was conducted after the two previous similar surveys which was held in 2002-2003 and in 2007. This module is designed to achieve national estimation figure. The questions in male module, more or less, are similar to the questions in all women module. Questions such as male knowledge and participation in maternal and child health care are being included in male module. However, the questions are fewer as some questions such as birth history, mortality history, child health and child mortality, child nutrition, and maternal mortality are not included.

This module, which provides information such as male knowledge, perception, and participation in family planning and reproductive health program, has a pivotal role as scientific evidence in policy making, program development, as well as in program planning and program goal setting. Furthermore, this report is a reference to evaluate reproductive health program within 2010-2014 period, and a valuable input to formulate program in 2015-2019 period.

Evidence based program development is one of many strategies to accelerate Population, Family Planning, and Family Development program, and it is part of the effort to actualize new vision of BKKBN, which is “being a reliable and trustworthy institution to generate balanced population growth and high quality family”. This vision will be driven by missions such as; 1) mainstreaming population based development, 2) implementing family planning and reproductive health, 3) facilitating family development, and 4) building and implement the organization's work culture, and 5) developing network and partnership in managing population, family planning, and family development”.

I, hereby, would like to acknowledge and to express my gratitude to the UNFPA Indonesia and those who are involved in the process of writing IDHS 2012 male module report.

Jakarta, September 2014

BKKBN Chairperson

**Prof. dr. Fasli Jalal, Ph.D, SpGK**

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# Preface

## UNFPA Representative

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In Indonesia, men hold positions of leadership and influence from the national level right down to the family unit. Given men's elevated position at home and in the public realm, involving men and securing their support and commitment to family planning is of crucial importance for improving family and community well-being in Indonesia. Based on this understanding, UNFPA in 2014 supported the publication of an analytical report that aimed to understand why men and women behave the way they do in relation to sexual and reproductive health (SRH) and gender relations in Indonesia, titled '*Male Knowledge and Attitudes Towards SRH and Gender Practices*'. The report was produced by a team of researchers connected to the National Population and Family Planning Board (BKKBN), using data from the 2012 Indonesia Demographic and Health Survey (IDHS). Through advocacy and technical support, UNFPA was able to expand the focus of the research from male contraception to also focus on men's socioeconomic and demographic characteristics in a range of SRH-related issues.

Greater involvement of men in family planning would not only ease the responsibility borne by women for SRH, but would also accelerate the understanding and practice of family planning in general. Indeed, it was noted in 1994 at the International Conference on Population and Development (ICPD) held in Cairo, that special efforts should be made to emphasise men's shared responsibility, and promote their active involvement in a number of areas of family planning and reproductive health. Among other matters, men need to be involved in responsible parenthood, pre-natal, maternal and child health, the prevention of Sexually Transmitted Infections (STIs), and the prevention of unwanted and high-risk pregnancies. This follow-on publication marks an important step in UNFPA's and BKKBN's efforts to systematically involve men as partners, clients and advocates in our programmes. Accordingly, the report provides empirical data to assist regional, provincial and national governments in policy-making, programming and decision-making. The resulting baseline data on men and masculinities will also be useful for monitoring and evaluating SRH programmes conducted by the Government of Indonesia and other stakeholders.

UNFPA under its Eighth Country Programme with the Government seeks to advance the agenda for broader male involvement in achieving gender equality. Since 2012, UNFPA has supported Government and civil society partners in expanding their male involvement activities, by providing practical strategies for engaging men and boys, and addressing the underlying gender norms that most often influence SRH attitudes and behaviours. This excellent publication underscores the ongoing efforts that need to be undertaken within BKKBN and UNFPA to motivate and inform men about the broad benefits of their participation in family planning, and to make decisions to ensure that men are systematically involved as partners, as clients and as advocates in future programmes to benefit family and community well-being for all Indonesians.

Jakarta, September 2014

**Mr. Jose Ferraris**  
UNFPA Representative in Indonesia



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# Introduction

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## 1.1. Geography

The Republic of Indonesia, which consists of approximately 17,000 islands, stretches between 6° North Latitude and 11° South Latitude, and from 95° to 141° East Longitude. The Indonesian archipelago lies between two continents, namely Asia and Australia, and is bordered by the South China Sea in the North, the Pacific Ocean in the North and East, as well as the Indian Ocean in the South and West. There are five major islands, Sumatra in the West, Java in the South, Kalimantan which is straddled by the equator, Sulawesi, and Papua. Two clusters of other islands are Maluku and Nusa Tenggara which lie between Sulawesi and Papua in the North, and between Bali and Timor in the South. Other islands are small and mostly uninhabited. More than 80 percent of the territory of Indonesia is covered with oceans, with the area of the land being 1.9 million square kilometers. The numerous islands and their dispersion over wide regions are enriched with various kinds of cultures of diverse ethnicities, each with its own local languages. It is in these conditions that becomes the impetus for the created motto “*Bhinneka Tunggal Ika*” as the nation unifier.

In 1999, the Law Number 22 on the Regional Government was issued. This Law grants full autonomy to district/municipal government. Apart from this, the Law assigns deconcentration of duties from the central government to district/municipal governments, except for the duties related to financial sector, security and defense, religion, foreign affairs, and land.

In the time this survey was carried out, Indonesia has 33 provinces, 399 districts, and 98 municipalities. Other administrative levels are sub-districts and villages or sub-villages. In 2011 it was noted that there were 6,694 sub-districts, 8,216 sub-villages, and 69,249 villages (The Regulation of the Minister of Home Affairs Number 66 of 2011).

## 1.2. Population

The 2010 Population Census Result revealed that the number of population in Indonesia increased from 205.8 million people in 2000 to 237.6 million people in 2010. The standing number of population places Indonesia in the fourth rank of the most populated countries in the world after the People’s Republic of China, India, and the United States. More than 87 percent of the Indonesian population was Muslims.

The Indonesian population growth level has undergone a decrease in the last three decades. From 1980 to 1990, the average population growth per year was 1.98 percent. Yet, from 1990 to 2000, it decreased to 1.44 percent, but slightly increased to 1.49 from 2000 to 2010 (See Table 1.1). The number of population in urban and rural areas does not differ greatly, which is around 118 million people (49.79 percent) who live in the urban areas and 119 million people (50.21 percent) who live in the rural areas.

Another characteristic of the Indonesian population is the unequal distribution of population among islands and provinces. According to the 2010 Population Census, the population density varies not only among islands, but also from one region to the other regions, and even in the provinces within the same island. The Java Island with an area of 7 percent from the total area of Indonesian regions was inhabited by 58 percent of the Indonesian population, leading to higher population density of Java island (1,055 people per square kilometer) compared to that of other islands, such as Kalimantan, with the population density of 25 people per square kilometer. The population density of provinces in Java Island ranged from approximately 784 people per square kilometer in East Java to 1,469 people per square kilometer in DKI

Jakarta. The population density at the national level was 109 people per square kilometers in the year of 2000 to around 124 people per square in 2010.

<b>Table 1.1. Basic Demographic Indicators</b>			
Indonesian demographic indicators from 1990 to 2010			
Indicator	Census 1990	Census 2000	Census 2010
Population ( <i>in thousand</i> )	179,4	206,3	237,6
Population Growth (GR) <sup>1</sup> ( <i>in percent</i> )	1,98	1,44	1,49
Population density ( <i>per square kilometers</i> )	93	109	124
Percentage of urban population	31	42	50
<b>Period</b>	1986-89	1996-99	2006-09
Crude birth rate (CBR) <sup>2</sup>	28	23	23
Crude death rate (CDR) <sup>3</sup>	9	8	9
<b>Expectancy life rate (Eo)<sup>4</sup></b>			
Men	57,9	63,5	68,7
Women	61,5	67,3	72,6

<sup>1</sup> Calculated using the accumulated interest formula  
<sup>2</sup> Birth per 1,000 population; estimated using the the following formula:  
 $CBR = 9,48968 + 5,55 TFR$   
<sup>3</sup> Death per 1,000 population;  $CDR = CBR - GR$   
<sup>4</sup> Estimated using an indirect method  
Source: Central Agency on Statistics 1992, 2002 and 2012 (unpublished)

Table 1.1. shows that fertility rate in Indonesia has plummeted since 1980s. The Crude Birth Rate (CBR), estimated around 28 per 1,000 population of the period from 1986 to 1989, has decreased to 23 per 1.000 per population in the period of 1996-1999 and resulted in a decrease of 2.1. percent per year. These figures show that there is an acceleration in the decrease of the birth rate. However, in 2010 the Crude Birth Rate slightly increased to 23 births per 1,000 population.

Life expectancy at birth for both men and women increased. Men's life expectancy increased from 58 years old in 1990 to 69 years old in 2010. Women's life expectancy had also risen from 62 years old in 1990 to 73 years old in 2010.

### 1.3. Economy and Education

For recent decades, Indonesia has been one of the country members of the Association of South East Asian (ASEAN) with the highest economic growth. Indonesia's economy grew rapidly in the era of 1980 and 1990, but the economic crisis occurring in 1997 slowed down the economic growth of Indonesia.

Since 2000, Indonesia has come out from the economic crisis. Some indicators such as the Gross Domestic Product (GDP) per capita have shown the improvement and reached the highest level in the history of Indonesia's economy, which amounted to US\$ 3,000 in 2012. This GDP improvement is expected to trigger the development in several sectors (such as retail, automotives, and properties) through the increase of consumers' demand. The Indonesian government has determined to set the GDP target amounting to US\$ 5.000 in 2014 (<http://www.indonesia-investments.com>).

One of the government's successful programs can be seen in the improvement of people's welfare through the provision of adequate basic necessities such as food, clothing, and housing, in addition to the provision of education and health infrastructures. The results of the 1971 and the 2010 Population Census

and the 2011 National Social Economic Survey (Susenas) showed that in the last 40 years, educational sector in Indonesia has undergone rapid improvement. The percentage of literate people (who can read and write) aged 10 years and above increased from 61 percent in 1971 to 92 percent in 2011. The improvement in the education sector can obviously be seen in female population. The percentage of children aged 7-12 years old who went to schools in 1971 was 62 percent for males and 58 percent for females; these figures increased in 2011 to 97 percent for males and 98 percent for females. From 1971 to 2011, the percentage of the population who never went to schools decreased and the percentage of the population who graduated from schools in all education levels went up. The percentage of the population who graduated from elementary schools went up from 20 percent in 1971 to 29 percent in 2011, whereas the proportion of the population who graduated from primary schools and higher education increased from 7 percent in 1971 to 50 percent in 2011. In all education levels, the progress in female population education was faster than that of male population education (BPS, 1972; 2012b).

One of the factors that affect the school duration of female population is the improvement of the first marriage ages. The results of the Indonesian Demographic Population Survey demonstrated that the median of the first marriage ages underwent an increase from 17.1 years in 1991 to 20.1 years in 2012. This increase is higher in urban areas than that in rural areas. The increase in education level also gives the female population higher opportunities to take part in working generation. The percentage participation of female working generation aged 10 years old and beyond has increased from 33 percent in 1971 to 51 percent in 2012. The majority of female population work in such sectors as farming, trading, and services (BPS, 2012c).

#### **1.4. Population and Family Planning Policies and Programs**

The Indonesian government has started to devote the attention to the population issues since the declaration on population was signed in 1967 by the world's leaders, including President Suharto. In the declaration it is stipulated that the rapid population growth is an obstacle that must be handled because it can belittle the meaning of development in the economic sector. In order to implement the population policy, the government has launched several programs, one of which is the family planning (FP) program.

The activities related to family planning (FP) have been initiated in 1957 by the self-supporting groups known as the Association of Indonesian Family Planning (PKBI) which carries out its activities under the auspices of the International Planned Parenthood Federation (IPPF). The PKBI provides services and consultations on the birth control, in addition to the maternal and child health cares. In 1968, the government established the National Family Planning Agency (LKBN), which in the following two years was changed into the National Family Planning Coordination Board (BKKBN), a non-department agency having direct responsibility to the president. Upon the establishment of BKKBN, the government has a strong political commitment in implementing family planning, and with the participation of religious and community leaders, various programs have been developed to promote family planning in Indonesia.

In no less than three decades, the population policy made by the government has not only succeeded in reducing the fertility rate by half, but it has also managed to improve family welfare. One of the factors that gives a great contribution to the success of family planning program in Indonesia is the government's success in engaging the community to take part in the implementation of the FP programs. The success of this program has also been acknowledged by the international communities. The Indonesian government received an international award for the family planning programs, which include among others *The United Nation Population Awards* (1987); *Hugh Moore Memorial Award* from *Population Crisis Committee/John Hopkins University* US (1989); and "*International Management Awards*" from *Japan Airlines and the Asian Institute of Management*, Filipina (1994).

In line with the ratification of the resolution of the International Conference on Population and Development (ICPD) in 1994, there was a change in the paradigm of the national family planning, that is, the program not only focuses on the declining of fertility, but also on reproductive health by taking into account the reproductive rights and gender equality. Based on the ICDP resolution in 1994, reproductive health makes up the whole physical, mental and social condition related to the reproductive system, function and process. Based on that concept, efforts to improve reproductive health encompass the fulfillments of individual reproductive health both men and women along their life cycles, including reproductive rights, gender equality, as well as men's responsibility in connection with the family reproductive health.

In accordance with the Law No. 52 of 2009 on Population and Family Development, in lieu of the Law No. 10 of 1992, family planning is defined as an effort to regulate child birth, ideal birth spacing and maternal age at birth, and to regulate pregnancy through the promotion, protection and assistance in accordance with the reproductive rights in order to achieve quality families.

Based on the Law No. 22/1999 on the Regional Government, the governmental system has changed from centralized government to regional autonomy at the district/municipality level. In line with the new era, since 2004 the responsibility of family planning program has been mandated to district/municipality government with varying organization.

To anticipate the change in the decentralized era, the National Family Planning Coordination Board (BKKBN) reformulated the vision, mission, and basic strategies of national family planning in the BKKBN's Strategic Plan (Renstra) for 2010-2014 on Population and National Family Planning Development. The BKKBN's new vision is "Balanced Population Growth in 2015". This vision sets the target of the total fertility rate (TFR) to 2.1 and the Net Reproduction Rate (NRR) of 1.0 in 2015.

To realize the above vision, the mission of population and family planning development has been formulated as follow: "to achieve the population-oriented development and happy, prosperous small families." This mission is carried out through: (1) harmonizing the policy on population control, (2) determining population parameters, (3) increasing the provision of data and improving the quality of data and information analysis, (4) controlling population in population and family planning development, and (5) encouraging the stakeholders and working partners to implement the family planning development in the context of the preparation of family life for adolescents, the fulfillment of reproductive rights, and the improvement of the family resilience and prosperity of the family planning participants (BKKBN, 2011).

## **1.5. Health Policies and Programs**

The Health Law No. 23/1992 is the legal basis for activities in the health sector. Under the Law, it is stipulated that the goal of the health development is to improve the awareness, willingness and ability of the community to live a healthy life. The Law also emphasizes the decentralization of operational responsibility and regional autonomy as the prerequisite for the success and sustainability of development.

One of the goals of the 2005-2025 long term development is the improvement of the quality of human resources, including the role of women in development. In general, the improvement of quality of Indonesian human resources is signaled by the improvement of Human Development Index (HDI) and Gender Development Index (GDI), as well as the achievement of balanced population growth.

In 1999, the Health Ministry introduced a new health development paradigm which focused on the health development as provided in the motto “2010 Healthy Indonesia”. 2010 healthy Indonesia is a future portrait of Indonesian community whose population will live in a healthy environment and behavior, will be able to have access to quality, just, and equitable health services, as well as to live the highest degree in health.

In order to achieve the 2010 Healthy Indonesian Vision, four missions on the Health Development have been formulated as follows: (1) to implement health-oriented national development, (2) to promote the public self-reliance in living a healthy life, (3) to maintain and improve quality, equitable and affordable health services, and also (4) to maintain and improve the health of each individual, family and community as well as the environment.

The Health Ministry’s Strategic Plan for 2010-2014 emphasizes the vision “Independent and Just Healthy Communities.” This vision will be achieved through the following missions: (1) to enhance community health through community empowerment, which involves private and civil society organizations, (2) to protect community health by ensuring the availability of comprehensive, equitable, quality, and just health efforts, (3) to ensure the availability and equitability of health resources, as well as (4) to create a good governance of the government (The Health Ministry, 2010).

## **1.6. Objectives of the Survey**

The 2012 Indonesian Demography and Health Survey (IDHS) is the seventh survey in Indonesia under the auspices of the DHS program. The previous surveys are the 1987 Indonesian Contraceptive Prevalence Survey (ICPS 1987), the 1991 IDHS, the 1994 IDHS, the 1997 IDHS, the 2002-2003 IDHS, and 2007 IDHS. Since 2002-2003 IDHS, the survey have been expanded to cover surveys on married men aged 15-54 years old and never-married women and men aged 15-24, referred to as adolescents. The findings of these two surveys are presented in a separate report. Different from the the previous IDHS where never-married women aged 15-49 years old were interviewed, the 2012 IDHS also covered all women of reproductive age (WRA) aged 15-49 years old in the household as the samples. Besides the women of reproductive age (WRA) sample, the 2012 IDHS also interviewed married men aged 15-54 years old and never-married men aged 15-24 years old.

The 2012 IDHS is specifically designed to meet the following objectives:

- To provide data related to fertility, family planning, maternal and child health, adult mortality (including maternal mortality) and awareness of AIDS and the STIs for program management, policy making, and research which can be utilized in evaluating and improving the existing programs.
- To measure the trends in fertility and contraceptive prevalence rates, and to analyze factors that influence them such as the marital status and patterns, residence, education, breastfeeding habits, and knowledge, use as well as the availability of contraception.
- To measure the achieved targets set up previously by the national health program, with the focus on maternal and child health.
- To evaluate the participation and utilization of health services by men along with their families.
- To create the international baseline data which allows cross-country comparisons which can be used by the program managers, policy makers, and researchers in the areas of family planning, fertility, and health in general.

## 1.7. Organization of The Survey

The 2012 IDHS was conducted by the Statistics Indonesia (BPS) in collaboration with the National Population and Family Planning Board (BKKBN) and the Ministry of Health (MoH). The funding for the survey was provided by the government of Indonesia. ICF International provided technical assistance through MEASURE DHS, a program funded by the U.S. Agency for International Development (USAID), which provide technical assistance in conducting demographic and health surveys in many countries.

The survey steering committee was established. The members are the representatives from BPS, BKKBN, MoH, and the Ministry of National Development Planning/the National Development Planning Agency. The technical team consists of the members of representatives of the same institutions and the Demographic Institution of the University of Indonesia.

The directors of the provincial BPS were responsible in terms of the technical and administrative implementation of the survey in their respective regions. They were assisted by the field coordinators, namely, the chiefs of the Social Statistics divisions in the provincial BPS offices.

### 1.7.1. Questionnaires

The 2012 Indonesian Demography and Population Survey uses four types of questionnaires: the household questionnaire, the questionnaire for women of reproductive age, currently married-man's questionnaire, and the never-married man's questionnaire. Both the household questionnaire and the questionnaire for women of reproductive age used in the 2012 IDHS are mostly based on the latest version of the standard questionnaire (March 2011) used in the DHS phase VI. These models of questionnaires are modified to adapt with the needs of the people in Indonesia. Some questions in the DHS standard questionnaires are not adopted in the 2012 IDHS because they are not suitable with the situation in Indonesia. In addition, the categories of the responses and the additional questions were modified with the local contents related to the programs in health and family planning sectors in Indonesia.

The household questionnaire was employed to record all the household members and visitors who spent a night in the household selected as a sample before they are interviewed, and the condition of the selected household. The basic information collected from the household members include age, sex, marital status, education, and the relationship to the head of the household. The collected information related to residences include sources of drinking water, types of toilets, types of floors, types of roofs, types of walls, and the ownership of household assets. Information about the ownership of assets depicts the socioeconomic status of the household. The main use of the household questionnaire was to determine the female and male respondents who were eligible for individual interviews.

The questionnaire for married men (PK) were used to collect information from the currently-married men aged 15-54 years old from one third of the household samples of the 2012 IDHS. The information collected from the married men include:

- Respondents' background (marital status, education, access to mass media, employment, etc.)
- Birth history
- Knowledge and use of contraceptives
- Marriage and attitudes toward women
- Fertility preferences

- Participations in maternal and child healthcare
- Knowledge of the HIV-AIDS and other STIs
- Other health issues

### **1.7.2. Pretest**

The 2012 ARH survey questionnaires are developed from the standard format of Demographic and Health Survey (DHS). Prior to the fieldwork, the questionnaires were pretested in Riau Province and the East Nusa Tenggara (NTT) to ensure that the questions were clear and intelligible to the respondents. The pretest stage is very important due to different sample coverage of women from ever-married women aged 15-49 years old to all women aged 15-49 years old. Thus, there are new questions and changes in the question format of the DHS questionnaires standard.

Two teams of questionnaires for the pretest were recruited from each province. The Pilot Surveys were carried out (as has been mentioned previously) in mid-July to mid-August 2011 in four selected districts (four municipalities and four villages). The selected areas for the pretest were Pekanbaru and Kampar Districts (Riau Province) and Kupang Municipality and South Timor Tengah District (NTT Province). Rural and urban households were selected for the subjects of the pretest in all districts. Findings of the pretest were used for revising the questionnaires.

### **1.7.3. Training**

A total of 922 people, consisting of 376 men and 546 women participated in the 2012 IDHS trainings for interviewers. The trainings were held in May 2012 for 12 days for interviewers of adolescents and 7 days for the interviewers of never-married men in nine training centers (Batam, Bukittinggi, Banten, Yogyakarta, Denpasar, Banjarmasin, Makasar, Manokwari, dan Jayapura). The trainings included class presentation, interview, try-out, and test. In each training center, participants were grouped into three types of different classes, each for women, married men, and male youngsters. All of the participants were trained using the household and individual questionnaires.

### **1.7.4. Fieldwork**

The 2012 IDHS data were collected by 119 interviewing teams. Each team consisted of eight interviewers: one male supervisor, one female editor for women of reproductive ages (WRA) and married men (PK), four female interviewers interviewing women in their productive ages, one male interviewer interviewing married men (also as the RP editor), and one male RP interviewer. In Papua and West Papua, each team consisted of five interviewers: one male supervisor (also as the PK and RP editor), one female editor of the WUS, two female interviewers for WRA and one male interviewer for PK and RP interviewer. Fieldwork activities took place from 7 May to 31 July 2012.

### **1.7.5. Data Processing**

All the completed questionnaires along with the control forms for 2012 IDHS were sent to the BPS central office in Jakarta for data processing. The data processing included checking the responses, coding

the responses of the open-ended questions, data recording, verification, and error checking in the computer. The data processing team comprised of 42 editors, 58 data entry operators, 14 secondary editors, and 14 data recording supervisors. The recording and checking of the data were done using the Census and Survey Processing System (CSPRO) computer program, which was specifically designed for processing the data of IDHS.

## 1.8. Response Rates

The 2012 IDHS produced two separate reports. Reports are obtained from the interview results of women aged 15-49 years old and all married men aged 15-54 years old. The results of the interview from never-married women and never-married men aged 15-24 years old are specifically presented in the reports on the Adolescent Reproductive Health (ARH) as a part of IDHS.

As in the previous IDHS surveys, the 2012 IDHS samples are designed to obtain estimates at national, urban-rural, as well as provincial level. Table 1.2 below is the summary of household and individual interview results in the 2012 IDHS in the urban and rural areas. In general, household and individual response rates are relatively high. Of 46,024 selected household in this survey, 44,302 were occupied, and from these numbers 43,852 or 99 percent households were managed to be interviewed. From the interviewed households, there were 47,533 women who were identified as eligible to be interviewed, but there were only 45,607 women are interviewed, resulting in a response rate at 96 percent. In one third of the household, there are 10,086 men who were eligible to be interviewed, but there were only 9,306 men who were interviewed, resulting in a response rate at 92 percent. Lower men's response rate was due to their frequent or longer absence at home. In general, the response rate for interviewing married men in rural areas was higher than that in the urban ones.

**Table 1.2. The results of the household and individual interviews**

The numbers of households, the number of interviews and response rates  
According to residence (unweighted), Indonesia 2012.

Result	Residence		Total
	Urban	Rural	
<b>Household Interviews</b>			
Households selected	22,039	23,985	46,024
Households occupied	21,130	23,172	44,302
Households interviewed	20,866	22,986	43,852
Response rate <sup>1</sup>	98.8	99.2	99.0
<b>Female Individual Interview</b>			
Eligible women	23,949	23,584	47,533
Interviewed women	22,898	22,709	45,607
Response rate <sup>2</sup>	95.6	96.3	95.9
<b>Male Individual Interview</b>			
Eligible men	4,836	5,250	10,086
Interviewed men	4,417	4,889	9,306
Response rate <sup>2</sup>	91.3	93.1	92.3

<sup>1</sup> Interviewed households/occupied households

<sup>2</sup> Interviewed respondents/eligible respondents

## Characteristics of Male Respondents

### Key Findings

- Male respondents are dominated by those aged 30 to 44 years old (55.3 percent), 50.9 percent resides in urban areas, 38.4 percent is SMA graduated, and 62.8 percent is at the wealth quintile indexes of middle-high.
- In terms of the median of length of education, men did not attend longer years of schooling compared to women, which is 7 and 8.5 years, respectively.
- TV is the most popular media among married men (88.3 percent), followed by reading newspapers/magazines (23.9 percent), and listening to radio every Sunday (21.6 percent). The men who access these media were 39.2 percent, and 1.4 percent admits that they did not access them. The same patterns also occur in female respondents, that is TV (85.9 percent), followed by listening to radio (19.3 percent), and reading newspapers/magazines (13.3 percent). Overall, men accessed media more than women did.
- Almost all married male respondents have a status of being employed (97.6 percent), 2.4 percent is noted as working a year ago and admit that they are unemployed in the same period of time. On the contrary, only some women admit to being employed (55.4 percent) and the rest admit to being unemployed.
- Wives in general (44.6 percent) hold the main role in daily spending. Twenty five point seven percent was the husband's decisions for health care, and 62.8 percent the wife's decision for the buying of long-lasting goods.
- Husbands express their opinion that they have the rights to beat their wives if their wives go out without their permission (11.8 percent) and if their wives neglect their children (11.9 percent). The percentage of husbands who believe that they have the rights to beat their wives when they quarrel with their wives and when the wives refuse to "serve" their husbands is 3.4 percent and 3.1 percent, respectively. Married men who agree with the husbands' rights to beat their wives because of one certain reason are noted to be 17.3 percent. Young men who have three or more children, live in rural areas, have no education, and are at the lowest wealth quintile indexes agree that husbands beat their wives because of a certain reason.
- 70.5 percent of married men has a habit of smoking, far higher than the results from the 2007 IDHS (31.1 percent). Among the smoking men, 69.4 percent consume 10 cigarettes or more in the last 24 hours. Among these smokers, they are at their young age (15-19 years old) living in rural areas and with the low wealth quintile indexes (76.9 percent).

The main goal of this chapter is to present the data and information related to the population characteristics and the socio-economic status of married male respondents which were collected from the Indonesian Demography and Health Survey (the 2012 Male IDHS). This chapter also presents background characteristics of the respondents based on age, residence, education level, and wealth quintile indexes. Detailed information discussed includes issues on education, literacy level and access to mass media. In addition, data on employment and men's income, decision making in households, and men's attitudes towards their status in household are also presented.

### 2.1. Characteristics of Survey Respondents

Table 2.1 presents the distribution of married men aged 15-54 years old who are interviewed in the 2012 male IDHS based on background characteristics which include age, location of the residence, education level, and wealth quintile indexes.

**Table 2.1. Background characteristics of respondents**

Data from the survey show that male respondents are dominated by those aged between 30 to 44 years old (55.3 percent), and less than one percent age less than 20 years old. From the married male respondents 50.9 percent resides in urban areas. Viewed from the education perspective, 2.9 percent of the married male respondents never get formal education, 22.8 percent has completed their basic education, while male respondents who attain secondary education (SMTA) and higher are around 38.4 percent. Compared with 2007 IDHS results, the percentage of men who never attended schooling decreased from 4.9 percent (2007 IDHS) to 2.9 percent (the 2012 IDHS).

If closely observed based on the wealth quintile indexes, almost two third of married men (62.8 percent) is at the middle-high wealth quintile indexes, while others are at the lowest wealth quintile indexes (17.1 percent) and middle-low wealth quintile indexes (20.0 percent).

Distribution of married men percentage based on respondents' background characteristics, Indonesia 2012.

Background Characteristics	Total numbers of married male		
	Weighted percentage	Weighted Number	Unweighted Number
<b>Age</b>			
15-19	0.3	28	37
20-24	3.7	345	398
25-29	12.1	1.127	1.195
30-34	18.0	1.674	1.685
35-39	19.1	1.775	1.745
40-44	18.2	1.693	1.712
45-49	14.7	1.371	1.322
50-54	13.9	1.292	1.212
<b>Areas of residence</b>			
Urban	50.9	4.739	4.417
Rural	49.1	4.567	4.889
<b>Education</b>			
No education	2.9	265	270
Some Primary	14.7	1.371	1.394
Completed Primary	22.8	2.118	1.791
Some secondary	21.3	1.979	2.123
Completed SMTA+	38.4	3.572	3.728
<b>Wealth quintile</b>			
Lowest	17.1	1.596	2.319
Middle-low	20.0	1.866	1.920
Middle	21.6	2.008	1.786
Middle-up	21.1	1.962	1.700
Highest	20.1	1.875	1.581
<b>Total</b>	<b>100.0</b>	<b>9.306</b>	<b>9.306</b>

## 2.2. Educational Attainment

Table 2.2. presents the percentage distribution of respondents based on the highest education level the respondents have attained in terms of age, areas of residence as well as wealth quintile indexes. In general, the education level of married men from the 2012 IDHS results is better than that from 2007 IDHS. The results of the 2012 IDHS have shown that most married men are secondary education (SMTA) graduates (26.4 percent), while the results of 2007 IDHS have revealed that most married men are elementary school graduates (26.7 percent). By contrast, married men who attain secondary or higher education reached 12 percent. This percentage is higher compared with the results of 2007 IDHS, which is around 9.1 percent. On the other side, the number of married men who admitted to not having obtained formal education is noted to be 2.9 percent.

Young men attain higher education levels compared to older men in formal education at school. The distribution of men respondents who never attend school or who do not graduate from elementary school increase in line with the adding of ages. The reverse patterns occur among men with higher education. For example, the number of married men aged 20-24 years old who never attend schools is only 1.8 percent, compared to 7.1 percent of men aged 50-54 years old. Apart from this, around 33.9 percent men aged 20-24 years old does not graduate from secondary education (SMTA), compared to 12.9 percent of men aged 45-49 years old and 11.8 percent of men aged 50-54 years old for the same matter. On the other side, only 12 percent of married men aged 50-54 years old who manage to graduate from senior high school, while those men aged 20-24 years old are noted to be trippled in percentage, which is 33.9 percent.

**Table 2.2.1. Education level based on the background characteristics: Men**

Distribution of married men percentage based on the highest education level which has been occupied or completed, and other median of

Background Characteristics	The highest education level ever occupied or completed						Total	Median (year)	Total respondents
	No Education	Some Primary	Completed Primary <sup>1)</sup>	Some Secondary	Completed Secondary <sup>2)</sup>	SMTA+			
<b>Age</b>									
15-19	*	*	*	*	*		100	6.5	28
20-24	1.8	8.1	16.5	33.9	33.9	5.7	100	8.2	345
25-29	1.5	6.5	21.0	28.6	33.3	9.1	100	7.9	1127
30-34	1.2	8.5	21.5	25.8	29.3	13.7	100	7.4	1674
35-39	1.8	10.2	24.1	20.9	30.6	12.5	100	7.3	1775
40-44	2.0	11.3	22.6	23.3	27.5	13.3	100	7.0	1693
45-49	4.8	24.7	21.8	12.9	22.2	13.5	100	5.8	1371
50-54	7.1	31.6	27.1	11.8	12.0	10.3	100		1292
<b>Areas of residence</b>									
Urban	1.4	9.2	16.3	20.2	34.9	18.0	100	7.3	4739
Rural	4.4	20.4	29.4	22.4	17.5	5.8	100	6.4	4567
<b>Wealth quintile</b>									
Lowest	7.8	24.9	32.2	23.0	10.4	1.7	100	5.9	1596
Middle-low	2.6	22.3	32.0	24.9	15.8	2.4	100	6.7	1866
Middle	2.3	14.5	27.5	26.5	24.1	5.1	100	7.4	2008
Middle-up	1.7	10.4	15.8	21.3	38.8	11.9	100	8.1	1962
Highest	0.7	3.3	7.7	10.5	39.8	37.9	100	7.0	1875
<b>Total</b>	<b>2.9</b>	<b>14.7</b>	<b>22.8</b>	<b>21.3</b>	<b>26.4</b>	<b>12.0</b>	<b>100</b>	<b>7.0</b>	<b>9306</b>

\*) Estimates are based on no less than 25 occurrences which are not displayed  
 1) Graduated/completed grade 6 Primary School (SD)  
 2) Graduated/completed grade 3 Senior High School/Secondary (SMTA)

The 2012 IDHS data also show that the opportunity of obtaining education varies among respondents based on the areas of residence. Men who live in urban areas tend to obtain higher education than those who live in rural areas. It has been noted that 1.4 percent urban men never go to school, lower than the number of those living in the rural areas, which is 4.4 percent. The median of school duration of men living in urban areas is relatively longer compared to that of men who live in rural areas (7.3 years compared to 6.4 years). If connected to wealth quintile, the occurring patterns rather vary. Men who manage to graduate from SMTA and men who occupy higher education level are shown to have a correlation with the wealth quintile index. Among men who have lowest wealth quintile, almost 1.7 percent manages to occupy education level of SMTA graduate or higher, while for the same matter men who have highest wealth quintile can reach 37.9 percent. On the other hand, patterns which occur with men with lower education level show the opposite. The lower the wealth quintile indexes, the higher the number of men who manage to complete only their elementary education, who do not graduate from elementary school (SD), and who never attend schools.

In general, opportunities to obtain education both for men and women can be said to be equal, despite the fact that those opportunities are open more to men than women in urban areas to compared to those who live rural areas. The median of school duration of women who live in urban areas tend to be higher than that of men who live in urban areas. Women who live in urban areas complete their schools longer than men who live in urban areas (10.1 years compared to 7.3 years). The highest proportion for education level which has been completed both by men and women in urban areas is SMTA graduates (34 percent and 30.7 percent). Patterns of relationship between the wealth quintile indexes with education for women and men are equal. The lower the wealth quintile indexes, the higher the proportion of women who complete their elementary school, who do not graduate from elementary school (SD), and who never attend schools.

**Table 2.2.2. Education level based on the background characteristics: Women**

Distribution of percentage of women aged 15-49 years old based on the highest education level which has been occupied or completed, and other median of schol duration based on the background characteristics, Indonesia 2012

Background Characteristics	The highest education level ever occupied or completed						Total	Median (years)	Total of respondents
	No Education	Some Primary	Completed Primary <sup>1)</sup>	Some Secondary	Completed Secondary <sup>2)</sup>	SMTA+			
<b>Age</b>									
15-19	0.7	2.6	7.6	62.8	20.3	6.0	100.0	9.0	6.927
20-24	1.4	4.5	16.0	26.5	29.7	21.9	100.0	11.1	6.305
25-29	1.6	5.8	20.9	26.8	29.6	15.2	100.0	8.8	6.959
30-34	2.0	8.9	26.6	23.7	25.2	13.6	100.0	8.5	6.876
35-39	2.6	11.5	30.8	21.4	22.6	11.1	100.0	8.1	6.882
40-44	5.5	16.9	30.7	16.8	21.1	9.0	100.0	5.9	6.252
45-49	11.0	28.4	25.9	13.1	13.5	8.2	100.0	5.4	5.407
<b>Areas of residence</b>									
Urban	1.6	7.1	16.2	26.9	30.7	17.6	100.0	10.1	23.805
Rural	5.2	14.6	29.4	29.2	15.4	6.2	100.0	6.2	21.802
<b>Wealth quintile</b>									
Lowest	9.8	21.5	31.6	25.9	9.4	2.0	100.0	5.6	7.767
Middle-low	4.1	15.3	29.5	30.8	16.3	4.0	100.0	6.4	8.784
Middle	2.1	10.3	25.4	32.2	22.6	7.3	100.0	8.4	9.243
Middle-high	1.4	6.4	19.7	29.5	30.4	12.7	100.0	8.9	9.743
Highest	0.6	2.8	9.4	21.8	34.4	31.1	100.0	11.4	10.071
<b>Total</b>	<b>3.3</b>	<b>10.7</b>	<b>22.5</b>	<b>28.0</b>	<b>23.4</b>	<b>12.2</b>	<b>100.0</b>	<b>8.5</b>	<b>45.607</b>

<sup>1</sup> Graduated/completed grade 6 Elementary School (SD).

<sup>2</sup> Graduated/completed grade 3 Senior High School/Secondary (SMTA).

<sup>3</sup> SMTA+ is: Diploma, S1/S2/S3

## 2.3. Literacy

Reading ability is one of the most important capitals for a man in pursuing opportunities in his life. Information about population distribution based on reading ability factor can help in health sector planning and family planning in attaining targets of the messages of the program. In the 2012 IDHS, someone can be said to be literate if he/she is able to read partial and whole sentences in a language in a card shown to the respondents by the interviewers. Questions used to evaluate literacy are only asked to those respondents who do not go to schools or do not graduate from Elementary School. Those who have attended high schools are considered literate.

Table 2.3.1. shows that literacy level of married men in Indonesia is quite high, reaching 93.2 percent, and only 6.2 percent cannot read at all. Literacy level from the 2012 IDHS results shows a slight increase compared to that from 2007 IDHS (90.7 percent). The younger the men, the more proportion of their being able to read. As a comparison, it is noted that 96.4 percent men with the age groups of 20-24 years old are reported more literate than those who are at the age groups of 45-49, which constitutes 85.2 percent. Literacy level is different, depending upon such variables as areas of residence and the wealth quintile index. It has been assumed that men in the urban areas are more literate than those in rural areas (95 percent compared to 87.4 percent). On the other side, literacy level of men with the highest wealth quintile indexes can reach 97.8 percent; this percentage decreases in men with the lower wealth quintile indexes.

**Table 2.3.1. Literacy: Men**

Distribution of percentage of married male based on highest education level which has been occupied or completed and on literacy level in terms of age, areas of residence, and wealth quintile indexes, Indonesia 2012

Background Characteristics	SMTA+	Never attending schools or attend Elementary School (SD)				Total	Total of respondents	Percentage of literacy <sup>1</sup>
		Able to read the whole sentences	Able to read part of sentences	Unable to read at all	Blind/ impaired vision			
<b>Age</b>								
15-19	*	*	*	*	*	100.0	28	*
20-24	73.7	19.1	*	*	*	100.0	345	96.4
25-29	71.3	23.9	2.2	2.6	*	100.0	1127	95.7
30-34	69.3	25.1	2.7	2.9	*	100.0	1674	96.4
35-39	64.5	28.3	3.6	3.5	0.1	100.0	1775	94.3
40-44	64.6	27.4	3.6	4.0	0.4	100.0	1693	91.5
45-49	49.2	31.5	6.3	11.7	1.3	100.0	1371	85.2
50-54	34.5	38.6	9.3	14.8	2.8	100.0	1292	76.6
<b>Areas of residence</b>								
Urban	73.3	20.1	2.6	3.6	0.3	100.0	4739	95.0
Rural	46.4	37.4	6.4	8.8	1.0	100.0	4567	87.4
<b>Wealth quintile</b>								
Lowest	36.0	40.1	8.7	14.1	1.2	100.0	1596	81.6
Middle-low	43.4	40.1	6.5	9.2	0.8	100.0	1866	84.9
Middle	56.5	33.1	4.7	5.2	0.5	100.0	2008	91.8
Middle-high	72.3	21.5	2.6	3.0	0.6	100.0	1962	96.3
Highest	88.3	10.1	0.5	0.8	0.3	100.0	1875	97.8
<b>Total</b>	<b>60.1</b>	<b>28.6</b>	<b>4.5</b>	<b>6.2</b>	<b>0.7</b>	<b>100.0</b>	<b>9306</b>	<b>93.2</b>

\*) Estimation is based on less than 25 occurrences and are not displayed

<sup>1</sup> Referring to the respondents who have attended SLTP or higher and respondents who read partial or whole sentences

**Table 2.3.2 Literacy: Women**

Distribution of percentage of women aged 15-49 years old based on the highest education level which has been occupied or completed and literacy level in terms of background characteristics, Indonesia 2012.

Background Characteristics	SMTA+ <sup>1</sup>	Never attending schools or attend Elementary School (SD)				Total	Total of respondents	Percentage of literacy <sup>2</sup>
		Able to read the whole sentences	Able to read part of sentences	Unable to read at all	Blind/ impaired vision			
<b>Age</b>								
15-24	83,9	12,7	1,2	1,9	0,0	100,0	13.232	97,8
15-19	89,1	8,4	0,9	1,3	0,0	100,0	6.927	98,4
20-24	78,1	17,4	1,5	2,5	0,0	100,0	6.305	97,1
25-29	71,6	22,0	2,5	3,4	0,0	100,0	6.959	96,1
30-34	62,5	29,0	3,9	4,0	0,0	100,0	6.876	95,3
35-39	55,1	32,2	5,8	5,9	0,2	100,0	6.882	93,1
40-44	47,0	33,8	7,4	10,5	0,6	100,0	6.252	88,2
45-49	34,8	29,6	12,2	20,7	1,7	100,0	5.407	76,6
<b>Areas of residence</b>								
Urban	75,2	18,2	2,5	3,4	0,2	100,0	23.805	95,9
Rural	50,9	31,2	6,9	9,8	0,4	100,0	21.802	89,0
<b>Wealth quintile</b>								
	37,2	35,5	9,1	17,0	0,5	100,0	7.767	81,8
Lowest	51,1	32,0	6,4	9,3	0,5	100,0	8.784	89,5
Middle-low	62,2	27,7	4,4	4,8	0,3	100,0	9.243	94,3
Middle	72,5	20,8	3,0	2,7	0,3	100,0	9.743	96,3
Middle-high	87,3	9,9	1,4	1,0	0,1	100,0	10.071	98,6
<b>Total</b>	<b>63,5</b>	<b>24,4</b>	<b>4,6</b>	<b>6,5</b>	<b>0,3</b>	<b>100,0</b>	<b>45.607</b>	<b>92,6</b>

<sup>1</sup> SMTA+ is: Diploma, S1/S2/S3.

<sup>2</sup> Referring to the respondents who have attended Junior High School (SLTP) or higher and respondents who read partial or whole sentences

Table 2.3.1 and Table 2.3.2 show that the majority of the respondents both males and females can read. The percentage of women who can read is almost similar to that of men, which is respectively 92.6 and 93.2 percent. The percentage of women who cannot read is the same as that of men, which is 6.5 and 6.2 respectively. There are different abilities in reading based on areas of residence and the wealth quintile indexes, where the urban respondents and the respondents with the highest wealth quintile indexes are more literate. And even all women and men with the highest wealth quintile indexes can read (98.6 percent and 97.8 percent, respectively).

## 2.4. Access to Mass Media

The role of mass media is very vital in an effort to disseminate information. Communities which lack an exposure to mass media generally have limitations to knowledge of what is happening in their environment. Information about the exposure to media is essential for program planning in the context of information dissemination, especially the one which is related to family planning and health. In the 2012 IDHS, information about access to male respondents to a variety of mass media has also been collected. Respondents are asked about their frequencies in reading newspapers or magazines, listening to the radio, or watching TV in a week. This information is beneficial in determining the kinds of media for disseminating information about family planning and community health program, which has become the program's target. In addition, this is also important for finding out the possibility of respondents' exposure of coverage to mass media.

**Tabel 2.4.1. Acces to mass media: Men**

Percentage of married men who read newspaper at least once in a week, watch TV at least once in a week, and listen to the radio at least once in a week, based on background characteristics, Indonesia 2012.

Background Characteristics	Reading newspapers/ magazines at least once in a week	Watching TV at least once in a week	Listening to the radio at least once in a week	Access to the three mass media	No access to three mass media	Total of respondents
<b>Age</b>						
15-19	25.8	84.8	14.2	27.8	2.1	28
20-24	19.6	87.0	28.5	44.0	1.0	345
25-29	20.2	87.4	22.3	40.5	1.8	1,127
30-34	24.4	89.2	21.3	42.5	1.6	1,674
35-39	25.2	88.8	22.1	43.0	1.4	1,775
40-44	26.1	89.7	18.5	40.8	1.4	1,693
45-49	24.1	85.8	23.4	34.3	1.2	1,371
50-54	22.8	88.3	21.1	30.6	1.1	1,292
<b>Areas of residence</b>						
Urban	32.9	92.6	23.9	49.0	0.6	4,739
Rural	13.9	83.8	19.2	28.9	2.2	4,567
<b>Education</b>						
No Education	18.6	62.2	13.1	3.9	0.8	265
Some Primary Completed	4.4	80.0	15.7	10.4	2.4	1,371
Primary	9.3	86.1	20.6	28.2	2.4	2,118
Some Secondary	14.5	90.6	22.6	39.0	1.4	1,979
SMTA+	43.0	93.4	24.5	59.4	0.5	3,572
<b>Wealth quintile</b>						
Lowest	8.4	68.9	15.8	21.7	4.5	1,596
Middle-low	10.4	87.0	16.8	26.2	1.6	1,866
Middle	18.3	92.7	21.7	34.7	0.8	2,008
Middle-high	26.8	94.7	24.3	46.3	0.1	1,962
Highest	50.0	94.5	28.3	64.4	0.5	1,875
<b>Total</b>	<b>23.9</b>	<b>88.3</b>	<b>21.6</b>	<b>39.2</b>	<b>1.4</b>	<b>9,306</b>

Table 2.4.1 presents the percentage of married men who are exposed to mass media based on areas of residence, education levels and the wealth quintile indexes. The Table shows that TV is the most popular media among married men (88.3 percent), followed by reading newspapers/magazines (23.9 percent) and listening to radio every Sunday (21.6 percent). The information from the 2012 IDHS results is different from that of 2007 IDHS where in the latter the percentage of men who read newspapers or magazines once in a week is lower (23.8 percent) compared to that of the men who listen to the radio (32 percent). Overall, men who have access to the three mass media reach 39.2 percent. This percentage shows an increase from 2007 IDHS, which is around 9,8 percent.

Based on age groups, the habit of watching television in at least once in a week is seen equal in all age groups, which is around 84.8 to 89.7 percent. The percentage can even reach 88.3 percent for the men aged 50-54 years old. The habit of listening to the radio in at least once in a week is also seen fairly equal in all male respondents, but this is done mostly by men aged 20-24 years old (28.5 percent). As has been assumed, men living in urban areas are exposed to newspapers/magazines, television, as well as radio, and get access to the three media mentioned previously more than their counterparts who live in rural areas. The striking difference can be seen from the newspapers/magazines reading habits. Men in urban areas are accustomed to reading newspapers/magazines at least once a week (32.9 percent), while a similar habit is done by some 13.9 percent men who live in rural areas.

The men's habits of watching TV or listening to the radio can be seen increasing in line with the men's high education levels. As an illustration, among the men who do not go to school, it has been noted that around 62.2 percent has the habit of watching TV, and 13.1 percent listens to the radio, whereas the habits of SMTA or higher educated men for each media is 93.4 percent for watching TV, and 24.5 percent for listening to the radio. The real difference can also be seen in men who can access to the three mass media, and those who do not go to school, yet are exposed to the three media are very few (3.9 percent); meanwhile SMTA or higher educated men can reach 59.4 percent. Different from the habits of married men in reading newspapers/magazines, 18.6 percent of them never attend schools. However, 2007 IDHS results show that the percentage of men with these habits is only 2.2 percent.

The lower the men's wealth quintile indexes, the lower their exposure to newspapers/magazines, TV as well as radio, and the exposure to these three mass media. As an example, the habit of reading newspaper/magazines reaches its peak on men who belongs to the highest wealth quintiles indexes (50 percent), while the men with the lowest wealth indexes who do a similar activity are only 8.4 percent.

Women and men have more access to TV compared to the two kinds of media. Results from the surveys have shown that education and wealth status both for women and men are closely correlated with the access to mass media. SMTA or higher educated men (93.4 percent) and SMTA or higher educated women (90.6 percent) have more access to TV, compared to those 62.2 percent and 57.8 percent, respectively for women and men who do not go to school. This difference can be seen from all background characteristics.

**Table 2.4.2. Access to mass media: Women**

Percentage of women aged 15-49 years old who have access to certain mass media in a week, based on background characteristics, Indonesia 2012.

Background Characteristics	Reading newspapers/magazines at least once in a week	Watching TV at least once in a week	Listening to the radio at least once in a week	Access to the three mass media	No access to three mass media	Total of respondents
<b>Age</b>						
15-19	16.6	86.8	26.9	6.8	9.4	6,927
20-24	14.9	86.4	22.9	6.0	10.9	6,305
25-29	12.1	86.5	18.6	4.1	11.5	6,959
30-34	13.4	87.7	17.6	4.6	10.3	6,876
35-39	13.4	85.8	17.3	4.9	12.1	6,882
40-44	11.8	84.5	16.0	3.9	13.5	6,252
45-49	10.0	82.6	15.2	3.2	15.5	5,407
<b>Areas of residence</b>						
Urban	18.7	89.8	22.0	6.9	7.6	23,805
Rural	7.3	81.6	16.5	2.6	16.2	21,802
<b>Education</b>						
No Education	0.3	57.8	8.2	0.2	41.2	1,500
Some Primary	1.8	78.0	11.1	0.7	20.3	4,870
Completed Primary	4.1	83.1	15.9	1.6	14.8	10,254
Some Secondary	10.4	88.2	20.9	4.0	9.4	12,753
Completed						
Secondary	17.8	90.9	23.1	7.1	6.6	10,677
SMTA+	41.6	90.6	25.1	13.2	5.7	5,552
<b>Wealth quintile</b>						
Lowest	3.9	64.6	13.6	1.4	31.6	7,767
Middle-low	6.9	85.5	17.0	2.3	12.2	8,784
Middle	9.2	89.9	19.7	3.3	7.9	9,243
Middle-high	15.4	92.1	20.6	5.6	6.2	9,743
Highest	27.7	93.0	24.3	10.4	4.9	10,071
<b>Total</b>	<b>13.3</b>	<b>85.9</b>	<b>19.3</b>	<b>4.9</b>	<b>11.7</b>	<b>45,607</b>

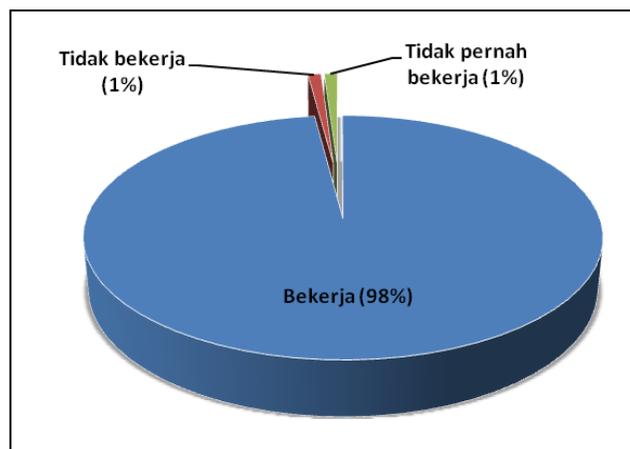
Note: SMTA+ is: Diploma, S1/S2/S3.

## 2.5. Employment

### 2.5.1. Employment Status

The 2012 IDHS male respondents are also asked a number of questions so that the data on their job status during the survey as well as the sustainability of the job for twelve months before the survey was conducted can be collected. Table 2.5.1 and Figure 2.1 show that almost all married male respondents during the interview are employed (97.6 percent), while those who have worked for the last twelve months and those who admit not being employed at all in the same period, constitute respectively one percent. Table 2.5.1 shows that males with the employment status looks equal in the age group, but are slightly higher for male aged 30-44 years (98.7 percent). On the other side, there is no correlation between males' employment status with the living children they have. Based on areas of residence, it has been shown that the percentage of employed men who live both in urban areas and in rural areas is relatively the same, which is 97.4 and 97.8, respectively. Meanwhile, based on both the education level and the wealth quintile indexes, it appears that no significant differences are found between men who never attend schools and men with higher education, and with men who are grouped under the lowest wealth quintile indexes and those who are grouped under the highest wealth quintile indexes in terms of employment status.

**Figure 2.1.**  
Employment status of men aged 15-54 (in the last 12 months), Indonesia 2012.



**Table 2.5.1. Employment status: Men**

Distribution of percentage of married men based on employment status and background characteristics, Indonesia 2012

Background Characteristics	Employed in the last 12 months			Total	Total of respondents
	Unemployed in the last 12 months	Currently unemployed	Currently employed		
<b>Age</b>					
15-19	*	*	*	100	28
20-24	1.2	0.6	98.1	100	345
25-29	0.5	1.8	97.7	100	1.127
30-34	0.1	1.2	98.7	100	1.674
35-39	0.9	1.5	97.6	100	1.775
40-44	0.4	1.7	97.9	100	1.693
45-49	0.6	1.9	97.5	100	1.371
50-54	2.0	2.3	95.6	100	1.292
<b>Total of living children</b>					
0	1.0	1.2	97.8	100	888
1-2	0.8	1.8	97.4	100	3.935
3-4	0.4	1.3	98.2	100	3.101
4+	1.1	2.2	96.7	100	1.382
<b>Areas of residence</b>					
Urban	0.9	1.7	97.4	100	4.739
Rural	0.6	1.6	97.8	100	4.567
<b>Education</b>					
No Education	2.8	1.4	95.8	100	265
Some Primary	0.3	2.4	97.3	100	1.371
Completed Primary	1.0	2.1	96.9	100	2.118
Some Secondary	1.0	1.8	97.2	100	1.979
SMTA+	0.5	1.0	98.5	100	3.572
<b>Wealth quintile</b>					
Lowest	1.2	2.0	96.8	100	1.596
Middle-low	0.5	1.8	97.7	100	1.866
Middle	0.9	2.0	97.1	100	2.008
Middle-high	0.7	1.6	97.6	100	1.962
Highest	0.5	0.8	98.8	100	1.875
<b>Total</b>	<b>0.8</b>	<b>1.6</b>	<b>97.6</b>	<b>100</b>	<b>9.306</b>

\*) Estimation is based on less than 25 occurrences and are not displayed

**Table 2.5.2. Employment status: Women**

Distribution of percentage of women aged 15-49 based on employment status and background characteristics, Indonesia 2012

Background Characteristics	Employed in the last 12 months			Total	Total of respondents
	Unemployed in the last 12 months	Currently unemployed	Currently employed <sup>1</sup>		
<b>Age</b>					
15-19	65.3	5.7	29.0	100.0	6,927
20-24	41.3	10.1	48.6	100.0	6,305
25-29	38.2	7.6	54.2	100.0	6,959
30-34	36.2	5.0	58.7	100.0	6,876
35-39	33.0	4.9	62.1	100.0	6,882
40-44	27.4	3.3	69.2	100.0	6,252
45-49	27.0	3.2	69.8	100.0	5,407
<b>Marital status</b>					
Not married	50.5	5.5	44.0	100.0	9,919
Married or living together	36.7	5.9	57.4	100.0	33,465
Life divorce/death divorce	19.3	5.2	75.5	100.0	2,223
<b>Total of living children</b>					
0	45.8	7.4	46.8	100.0	12,896
1-2	37.4	5.6	57.0	100.0	21,465
3-4	34.3	4.4	61.3	100.0	9,053
5+	30.8	3.2	65.9	100.0	2,193
<b>Areas of residence</b>					
Urban	40.1	5.4	54.5	100.0	23,805
Rural	37.5	6.1	56.4	100.0	21,802
<b>Education</b>					
No Education	20.6	4.4	74.9	100.0	1,500
Some Primary	30.3	5.8	63.9	100.0	4,870
Completed Primary	36.2	5.7	58.0	100.0	10,254
Some Secondary	50.1	5.9	44.0	100.0	12,753
Completed Secondary	40.1	6.2	53.7	100.0	10,677
SMTA+	27.9	4.9	67.2	100.0	5,552
<b>Wealth quintile</b>					
Lowest	34.6	6.2	59.1	100.0	7,767
Middle-low	40.3	6.7	52.9	100.0	8,784
Middle	41.5	6.7	51.8	100.0	9,243
Middle-high	39.8	5.5	54.7	100.0	9,743
Highest	37.5	3.9	58.6	100.0	10,071
<b>Total</b>	<b>38.8</b>	<b>5.8</b>	<b>55.4</b>	<b>100.0</b>	<b>45,607</b>

<sup>1</sup> "Being employed" is defined as having a job in the last week. This includes those who are unemployed in the last week but work, and include those who take days off from work because they are travelling, are ill, or are on vacation, or other reasons.

SMTA+ is : Diploma, S1/S2/S3.

Like men, women with an employment status are almost equal in all age groups. For men, working is an obligation, so that there seems to be no correlation between the number of children they have with the employment status. For women, the number of children determines their employment status. As much as 66 percent women with five or more numbers of children are employed. The basic needs rise due to the large numbers of children. In a similar vein, Ratna P. Tjaja (2000) states that a lot of women are employed because of the economic pressure and the exponential numbers of unemployment. This statement is in line with the high percentage of women with the employment status, which is between 44 percent to 74.9 percent based on the characteristics of areas of residence, education, and the wealth quintile indexes.

It can be seen that the school-aged women (15-19 years old) who have to work to fulfill their economic needs constitutes 29 percent. Three out of four women who divorce by life/divorce by death have to work, and it has become a cause of concern that 75 percent of women who are unemployed are in fact have no education background and 59 percent belongs to the lowest wealth quintile indexes.

## 2.5.2. Type of Men's Employment

Table 2.5.3 presents the distribution of the percentage of married men who are employed in the last of 12 months prior to the survey based on types of employment and background characteristics. Overall pictures show that 25 percent of married men state that they are employed as farming staff, and 35.3 percent is employed as production staff. Men who admit being employed in a non-farming sector are mostly employed in service sectors and sales (19.8 percent), and as professional staff/technicians (7.6 percent). The rest 4.7 percent admits being employed in clerical work.

As has been depicted in the results of the 2012 IDHS, the elderly men who have more than one children, live in rural areas and have low education or never attend schools, as well as have the lowest wealth quintile indexes are employed mostly in farming sector. As an example, the correlation between education level with men's employment in the farming sector. Married men who never attend schools are employed in the farming sector (51.6 percent), a decline to 42.6 percent for men who do not complete primary schools, and also a decline to 33.9 percent for men who completed primary school (SD) and to 10.5 percent to men who have secondary (SMTA) and higher education level.

**Table 2.5.3. Type of men's employment**

Distribution of percentage of married men who are employed in the last 12 month prior to the survey based on types of employment and background characteristics, Indonesia 2012

Background Characteristics	Professional, technicians	Leadership, governance	Acting officials and clerks	Purchasing service staff	Service staff	Farming staff	Production staff	Others	No idea	Total	Total of men
<b>Age</b>											
15-19	*	*	*	*	*	41,9	51,2	*	*	100	28
20-24	2.8	0.2	1.3	15.8	12.5	24.5	37.5	5.5	0.0	100	341
25-29	6.7	2.7	3.8	13.4	5.2	20.3	42.5	5.4	0.0	100	1,122
30-34	7.7	1.8	6.3	12.2	9.4	21.6	35.2	5.8	0.0	100	1,671
35-39	6.6	1.8	5.6	13.5	7.4	23.6	35.2	6.3	0.0	100	1,759
40-44	9.3	2.3	4.6	12.3	6.4	23.3	36.4	5.5	0.0	100	1,685
45-49	9.0	2.4	4.5	11.7	6.6	29.0	31.8	5.0	0.0	100	1,362
50-54	7.3	2.8	3.7	11.2	7.1	33.0	30.6	4.2	0.1	100	1,265
<b>Numbers of living children</b>											
0	7.4	1.9	3.2	16.6	8.2	26.3	31.1	5.3	0.0	100	879
1-2	7.3	2.0	4.9	12.2	7.6	24.2	36.1	5.7	0.0	100	3,902
3-4	8.5	2.6	4.8	12.8	6.4	23.9	36.0	5.0	0.0	100	3,086
4+	6.4	1.7	5.0	10.4	8.0	28.5	34.1	5.7	0.1	100	1,366
<b>Areas of residence</b>											
Urban	10.7	2.8	6.8	17.0	10.5	7.8	37.0	7.3	0.0	100	4,694
Rural	4.3	1.5	2.5	7.9	4.0	42.7	33.5	3.5	0.0	100	4,539
<b>Education</b>											
No Education	0.8	0.0	3.2	6.0	2.4	51.6	31.9	4.2	0.0	100	258
Some Primary Completed	0.4	0.1	0.0	7.0	5.1	42.6	39.9	4.9	0.0	100	1,366
Primary	0.7	0.7	0.6	11.4	5.9	33.9	41.7	5.1	0.0	100	2,097
Some Secondary (SMTA)	1.9	1.1	1.4	15.7	8.4	25.9	39.4	6.3	0.0	100	1,959
SMTA+	18.1	4.6	10.9	14.1	8.7	10.5	27.7	5.4	0.0	100	3,554
<b>Wealth quintile</b>											
Lowest	1.1	0.5	0.7	5.1	2.8	52.0	34.0	3.8	0.0	100	1,575
Middle-low	2.3	0.4	2.1	9.8	6.7	34.8	37.5	6.4	0.0	100	1,856
Middle	4.0	0.8	2.8	13.7	9.2	21.0	44.3	4.1	0.0	100	1,988
Middle-high	8.2	2.7	6.9	17.2	8.3	14.9	34.8	7.1	0.0	100	1,948
Highest	21.5	6.3	10.5	15.5	8.7	7.0	25.1	5.5	0.1	100	1,866
<b>Total</b>	<b>7.6</b>	<b>2.2</b>	<b>4.7</b>	<b>12.5</b>	<b>7.3</b>	<b>25.0</b>	<b>35.3</b>	<b>5.4</b>	<b>0.0</b>	<b>100</b>	<b>9,234</b>

On the other side, the opposite patterns occur in men who work in non-farming sectors especially in services and sales. This sector tends to be dominated by young- aged men who live in urban areas and who have relative higher education and also tends to be higher in line with the increase in the wealth quintile indexes they have. This pattern can also be looked at men with similar background characteristics for the types of job which rely on skills. The number of children of married men shows certain patterns with types of jobs. As an example, men who are employed in farming sector and who have four or more children have highest percentage (28.5 percent).

## 2.6. Men’s Participation in Decision Making

The Male 2012 IDHS specially collected information about married men regarding who makes decisions in many things in their household as well as what kinds of participation they take part in. Questions about who makes certain decisions in the households are intended to predict autonomy level in decision-making by men in the household. Information collected about this matter include some kinds of decisions, among other: daily spendings for household needs, health check-up and cares, and household spending for long-lasting goods. Men are considered participating in decision-makings in the households, if they make decisions by themselves or together with their wives or other people. Table 2.6.1 shows the distribution of percentage of married men based on who make decisions in their households in terms of male respondents and kinds of decisions made in the households.

Wives in general hold a key role in deciding the spending of daily needs, which is 44.6 percent. Decision-making in purchasing long-lasting goods is made by husbands together with their wives, which is 62.8 percent. Forty-five point one percent husbands and wives decide together the health care. This Table also depicts the influence of gender in decision-making in the households. For such aspects as health check-up and long-lasting goods purchase are in general decided together between husbands and wives, while other aspects are dominantly decided by either husbands or wives. As an example, the decision for daily needs spending in the household is in general made by wives (44.6 percent), while the husbands’ role in this matter is only 13 percent. One among four men (25.7 percent) decides their family health care by themselves.

**Table 2.6.1. Decision-making in the households according to men**

Distribution of percentage of married men based on those who make certain decisions and types of decisions, Indonesia 2012.

	Husbands	Only wives	Husbands and wives	Other people	Others	Total	Total of men
Daily money spending	13.0	44.6	42.3		0.1	100.0	8,521
Health care	25.7	28.5	45.1	0.5	0.2	100.0	9,298
The purchase of long-lasting goods	13.4	23.3	62.8	0.4	0.0	100.0	9,304

Table 2.6.3 shows men’s participation (both individually and together with other people) in several kinds of certain decisions making in the households based on the background characteristics. In general, the involvement of husbands in making the most decisions in purchasing long-lasting goods constitutes (76.2 percent) and in health check-up aspect (70.8 percent). The role of husbands appear to be less in the aspect of daily needs spending (50.7 percent). Men with have the initiative to decide all aspects are 36.7 percent.

Compared to the results of the 2007 male IDHS, there appears to be a shift in the role of gender, with the percentage of men who have the initiative to decide all kinds of decisions rise from 9.7 percent to 36.7 percent. So does their involvement in deciding for daily spending, which is from 43.7 percent to 50.7

percent. The role of men in making decisions for health check-up, long-lasting goods purchase, and daily needs spending look fairly equal in all age groups. The same also happens in making all kinds of decisions. Seen from the perspective of living children owned, the role of men in making all kinds of decisions look higher among those who have not got any children.

The role of men in decision making for a health check-up does not look different based on areas of residence, and there is almost no difference both in terms of long-lasting good purchase and daily needs spending. On the other side, the percentage of men in the rural areas is slightly higher in decision making for long-lasting goods purchase compared to that of men living in urban areas (76.7 percent compared to 75.7 percent). This is due to the fact men in urban areas appear to have played a little role in decision making for daily needs spending compared to that who live in rural areas (51.7 percent compared to 49.6 percent).

**Table 2.6.2. Mens' participation in making certain decisions in the households**

Percentage of married men who states that they make certain decisions by themselves or with other people based on the background characteristics, Indonesia 2012.

Background Characteristics	Money spending	Health check-up	Long-lasting good purchase	All types of decisions	Total	Total of respondent
<b>Age</b>						
15-19	55.5	76.2	54.5	39.5	100.0	28
20-24	55.5	72.7	75.5	41.3	100.0	345
25-29	53.7	70.8	76.9	38.2	100.0	1,127
30-34	53.5	71.6	77.8	37.7	100.0	1,674
35-39	52.4	74.2	75.8	39.4	100.0	1,775
40-44	50.2	70.5	78.4	36.1	100.0	1,693
45-49	46.2	67.9	74.0	32.7	100.0	1,371
50-54	46.0	67.7	74.1	34.5	100.0	1,292
<b>Numbers of living children</b>						
0	54.9	75.2	77.7	41.6	100.0	888
1-2	49.8	70.6	76.8	36.2	100.0	3,935
3-4	51.6	70.2	75.6	37.2	100.0	3,101
4+	48.4	70.0	74.8	34.1	100.0	1,382
<b>Areas of residence</b>						
Urban	51.7	70.6	75.7	38.1	100.0	4,739
Rural	49.6	71.0	76.7	35.3	100.0	4,567
<b>Education</b>						
No Education	35.8	63.3	67.1	27.9	100.0	265
Some Primary	44.6	63.5	71.2	30.9	100.0	1,371
Completed Primary	49.8	68.5	75.8	33.5	100.0	2,118
Some Secondary (SMTA)	52.6	73.4	77.7	39.5	100.0	1,979
SMTA+	53.6	74.0	78.2	40.1	100.0	3,572
<b>Wealth quintile</b>						
Lowest		70.8	76.2	36.7	100.0	1,596
Middle-low	46.9	67.3	73.9	32.6	100.0	1,866
Middle	51.6	71.6	75.6	36.8	100.0	2,008
Middle-high	50.4	72.0	79.2	37.9	100.0	1,962
Highest	56.6	73.4	79.7	42.9	100.0	1,875
<b>Employment (the last 12 months)</b>						
Employed	0.0	63.8	62.4	0.0	100.0	70
Currently unemployed	51.3	68.0	77.1	36.0	100.0	152
Currently employed	51.1	70.9	76.3	37.0	100.0	9,084
<b>Total</b>	<b>50.7</b>	<b>70.8</b>	<b>76.2</b>	<b>36.7</b>	<b>100.0</b>	<b>9,306</b>

The percentage of married men who make decisions regarding the health check-up, long-lasting goods purchase, and daily needs purchase seem to undergo a rise in line with the increase of the number of men with higher education level. So too is the percentage of men making decisions on health check-up, long-lasting goods purchase. Thus the higher the wealth quintile indexes, the higher the percentage of men in making decisions. Based on men's working status in the last twelve months, the participation in making certain decisions in the households looks relatively higher than that of men who are found unemployed and employed compared to that who are employed. When observed closely based on the kinds of decisions made, it is found that the patterns are similar, which is the highest in such factors as decisions to purchase long-lasting goods, health check-up, and daily spending.

## **2.7. Men's Opinions and Attitudes toward a Husband Beating His Wife**

In the 2012 IDHS questions related to wife beating are asked to married men. These questions are intended to predict men's acceptance level of their attitudes. The questions being put forward are "Sometimes a husband feels annoyed and angry with his wife, in your view, do husbands have the right to beat his wife for certain reasons?" Several reasons that can incite a husband's annoyance and anger with his husband found in the 2012 IDHS were among others: Wives go out without their husbands' permission; wives do not care with their children; wives quarrel with their husbands; wives refuse to "serve" their husbands; and wives cook inedible food. Information related to these matters is presented in Table 2.7 below. The first five columns in the Table describe men's acceptance of husbands' beating of their wives for certain reasons. The last columns present data on men's attitude toward husbands' beating their wives by proposing at least on reason mentioned previously.

In general, most husbands think that they have the rights to beat their wives when the latter go out without asking the permission from the former, and if the latter do not care with their children. This opinion is proposed by respectively 11.8 percent of husbands. The percentage of husbands who think that beating wives is their rights if they quarrel with them and if their wives refuse to "serve" them is the same, which is respectively 3.1 percent. Husbands who think they have the rights to beat their wives if the latter cook inedible food are noted to be only 0.8 percent. On the other side, married men who agree with their rights to beat their wives due to certain reasons are 17.3 percent. Based on the background characteristics, men who say that they have the rights to beat his wife for reason that the latter cook inedible food are equal in all age groups, while men who say that they have to beat their wives for reason like the latter quarrel with them, go out without their permission, do not care with their children, and refuse to "serve" are mostly stated by young men.

On the other hand, men who have relatively many children, live in rural areas, have low education or never attend schools, hail from those groups, and who have the lowest wealth quintile indexes and do not work tend to think that they have the rights to beat their wives for certain reasons. As an example, 15.6 percent men who belong to a group with the lowest wealth quintile indexes agree with the husbands' beating due to the wife's ignorant of their children, while those who belong to a group with the highest wealth quintile are noted to be 7.8 percent for the same matter.

**Table 2.7.1. Married men's opinions and attitudes toward a husband beating his wife**

The percentage of married men who agrees that husbands have the rights to beat their wives due to certain reasons, based on the background characteristics, Indonesia 2012

Background Characteristics	All husbands have the rights to beat their wives, provided that they:						Total	Total of respondents
	Cook inedible food	Quarrel with their husbands	Go out		Refuse to "serve" their husbands	At least one agrees		
			without their husbands' permission	Do not care with their children				
<b>Age</b>								
15-19	*	*	*	*	*	*	28	
20-24	0.8	4.2	11.3	17.5	3.0	22.9	345	
25-29	0.2	5.8	14.6	16.7	3.8	22.6	1127	
30-34	1.3	3.3	11.2	13.9	3.2	18.4	1674	
35-39	1.1	3.0	13.5	13.1	3.5	19.5	1775	
40-44	0.6	2.7	12.2	10.4	3.3	16.4	1693	
45-49	0.9	2.7	10.0	8.1	1.9	13.5	1371	
50-54	0.8	3.3	9.0	7.5	2.9	11.3	1292	
<b>Numbers of living children</b>								
0	0.3	2.9	9.6	10.3	1.8	14.9	888	
1-2	1.1	3.2	11.8	12.5	3.4	18.0	3935	
3-4	0.5	3.5	12.6	11.9	3.1	17.5	3101	
4+	1.4	4.1	11.5	11.1	3.4	16.5	1382	
<b>Areas of residence</b>								
Urban	0.5	2.0	10.2	9.9	1.9	14.7	4739	
Rural	1.3	4.8	13.5	14.0	4.4	20.0	4567	
<b>Education</b>								
No Education	2.1	8.1	11.5	12.8	5.7	17.2	265	
Some Primary	1.6	5.3	13.2	13.3	5.1	19.4	1371	
Completed Primary	1.1	3.2	13.4	11.6	3.4	18.0	2118	
Some Secondary (SLTP)	0.5	3.2	13.0	13.6	2.8	19.1	1979	
SLTP+	0.5	2.5	9.6	10.5	2.2	15.1	3572	
<b>Wealth quintile</b>								
Lowest	1.9	7.4	15.4	15.6	5.4	22.8	1596	
Middle-low	0.8	4.0	13.8	14.5	3.7	19.9	1866	
Middle	0.6	2.9	12.5	12.5	3.1	18.2	2008	
Middle-high	0.4	1.7	9.4	9.7	1.7	14.4	1962	
Highest	0.7	1.7	8.5	7.8	2.2	12.1	1875	
<b>Employment (the last 12 months)</b>								
Employed	0.0	4.6	2.3	3.8	2.6	6.3	70	
Currently unemployed	0.0	6.0	9.7	14.8	2.5	21.2	152	
Currently employed	0.9	3.3	11.9	11.9	3.2	17.3	9084	
<b>Total</b>	<b>0.8</b>	<b>3.4</b>	<b>11.8</b>	<b>11.9</b>	<b>3.1</b>	<b>17.3</b>	<b>100.0</b>	<b>9306</b>

**Table 2.7.2. Attitudes toward wife beating: Women**

Percentage of all women aged 15-49 who agrees with their husbands' beating for certain reasons based on background characteristics, Indonesia 2012

Background Characteristics	Husbands are justified in beating their wives, provided that the latter:						Total
	Cook inedible food	Quarrel with their husbands	Go out without their husband's permission <sup>1</sup>	Do not care with their children	Refuse to "serve" their husbands	At least one agrees	
<b>Age</b>							
15-19	3.2	7.3	27.5	36.8	10.6	44.9	6,927
20-24	2.9	6.5	26.3	31.6	9.9	39.3	6,305
25-29	2.0	5.4	25.3	29.5	8.8	36.1	6,959
30-34	2.2	4.8	24.3	25.8	8.7	32.8	6,876
35-39	2.1	5.2	22.0	23.4	8.3	30.3	6,882
40-44	2.7	4.8	21.9	22.4	8.3	29.4	6,252
45-49	2.9	5.7	20.1	19.7	7.7	26.6	5,407
<b>Employment (the last 12 months)</b>							
Unemployed	2.4	5.7	24.7	28.9	8.7	36.3	17,715
Employed to earn money	2.2	4.8	22.2	25.2	8.5	31.9	20,855
Employed not to earn money	4.0	8.4	28.2	29.5	11.0	37.8	6,984
No answers	0.5	3.4	9.8	7.2	0.5	14.1	53
<b>Numbers of living infants</b>							
0	2.7	6.1	23.4	30.2	9.1	37.6	12,896
1-2	2.2	4.9	24.1	26.9	8.5	33.8	21,465
3-4	2.8	6.2	24.6	24.8	9.4	31.9	9,053
5+	4.4	8.2	25.4	24.3	10.3	33.5	2,193
<b>Marital status</b>							
Never married	2.7	6.2	23.0	31.2	9.0	38.5	9,919
Get married and live together	2.5	5.4	24.3	26.4	8.8	33.5	33,465
Divorce/split-up/widow	3.3	7.2	23.9	23.9	11.2	30.9	2,223
<b>Areas of residence</b>							
Urban	1.3	3.7	19.3	23.8	6.6	29.8	23,805
Rural	4.0	7.8	29.2	31.0	11.4	39.5	21,802
<b>Education</b>							
No Education	3.8	9.2	19.8	19.9	8.4	26.6	1,500
Some Primary	4.8	8.0	25.4	25.7	10.5	33.3	4,870
Completed Primary	3.5	6.6	27.6	28.1	11.1	36.5	10,254
Some Secondary (SMTA)	2.5	6.3	27.5	32.4	9.3	40.1	12,753
SMTA+	1.5	3.9	21.4	25.3	7.4	32.1	10,677
	0.7	2.9	14.7	21.1	5.9	25.5	5,552
<b>Wealth quintile</b>							
Lowest	5.9	11.1	32.2	33.7	12.7	42.2	7,767
Middle-low	3.2	7.0	28.2	30.0	11.0	38.2	8,784
Middle	2.4	5.5	24.4	28.0	9.6	35.4	9,243
Middle-high	1.2	3.4	19.9	24.5	6.7	31.3	9,743
Highest	0.8	2.7	17.8	21.9	5.8	27.5	10,071
<b>Total</b>	<b>2.5</b>	<b>5.7</b>	<b>24.0</b>	<b>27.3</b>	<b>8.9</b>	<b>34.5</b>	<b>45,607</b>

Note: The numbers include 53 women who have no information about employment

<sup>1</sup> SMTA+ is: Diploma, S1/S2/S3

Table 2.7.2 shows the data of women's attitude toward the beating of their husband. The percentage of men aged 15-24 agree with at least one certain reason for beating wives, which is similar to the percentage of women who are dominated by age groups of 15-19 years old, which is 44.9 percent for a similar matter. Jensen R. and R. Thornton (2003) state that women who get married in young ages experience more violence and tend to agree with the justification of their husbands' beating. The percentage of women who agree with their husband's beating them due to certain reasons can be seen in women who do not graduate from SMTA (40.1 percent), while in men can be seen in those who have low education level. The same thing can be seen in the percentage of both men and women with the lowest wealth quintile indexes (22.8 percent and 42.2 percent, respectively).

## 2.8. Lifestyle Measures

Smoking in the household has deteriorating effects in the health condition of all household members, including those who do not smoke. To the male respondents, it was asked whether they are permanent smokers, what kinds of cigarette they smoke, and how many packs of cigarette they smoke in the last 24 hours. Table 2.8 shows that 70.5 percent among married men is permanent smokers. The percentage of permanent smokers in the 2012 IDHS is higher than that of 2007 IDHS, that is, 31.1 percent. This depicts the fact that the government's efforts to ban smoking have not shown positive results yet. Among the male smokers, 69.4 percent admits consuming 10 cigarettes or more in the last 24 hours, 15 percent consumes 6-9 cigarettes and only four percent consumes 1-2 cigarettes.

**Table 2.8. Cigarette consumption**

Percentage of married male who smoke and distribution of numbers of cigarette consumed based on background characteristics, Indonesia, 2012

Background Characteristics	Tobacco consumption				Total of men	Numbers of cigarette consumed					Total of male smokers	
	Not smoking	Smoking	Besides smoking	Others		0	1-2	3-5	6-9	10+		Total
<b>Age</b>												
15-19	9.6	89.7	0.6	0.0	28	1.8	0.0	6.3	38	54.0	100	25
20-24	20.6	77.5	0.5	1.4	345	0.1	3.5	13.0	18	65.2	100	272
25-29	23.1	75.1	0.9	0.9	1,127	1.2	4.3	8.3	19	67.0	100	866
30-34	26.8	71.3	0.7	1.3	1,674	0.3	2.7	11.5	16	69.5	100	1,221
35-39	27.3	71.3	0.5	0.9	1,775	0.5	3.7	10.2	15	71.1	100	1,288
40-44	31.4	67.6	0.3	0.7	1,693	1.2	6.6	11.5	11	69.3	100	1,159
45-49	30.7	66.5	0.7	2.1	1,371	1.0	5.2	8.4	17	68.3	100	948
50-54	27.6	70.3	0.8	1.3	1,292	1.1	4.6	8.7	13	72.4	100	928
<b>Areas of residence</b>												
Urban	31.2	67.7	0.3	0.9	4,739	0.6	4.6	10.0	17	67.9	100	3,261
Rural	24.0	73.5	1.0	1.5	4,567	1.0	4.3	10.1	14	70.9	100	3,447
<b>Education</b>												
No Education	27.1	69.2	2.1	1.5	265	0.1	5.9	12.2	10	71.9	100	192
Some Primary	21.4	75.4	0.9	2.3	1,371	0.2	4.0	8.6	16	71.5	100	1,070
Completed Primary	21.2	76.6	0.8	1.4	2,118	0.9	4.6	9.2	16	69.2	100	1,660
Some Secondary (SMTA)	22.1	76.7	0.5	0.7	1,979	1.0	3.7	10.6	15	69.7	100	1,539
SMTA+	37.0	61.8	0.4	0.8	3,572	0.9	4.9	10.8	15	68.3	100	2,247
<b>Wealth quintile</b>												
Lowest	18.7	76.9	2.0	2.4	1,596	0.8	4.7	12.2	13	69.8	100	1,285
Middle-low	21.0	76.7	0.5	1.8	1,866	0.5	4.1	10.4	17	68.2	100	1,469
Middle	23.3	75.2	0.4	1.2	2,008	1.3	4.6	7.7	17	69.6	100	1,535
Middle-high	32.0	67.2	0.4	0.4	1,962	0.4	4.4	9.4	16	69.6	100	1,335
Highest	42.1	57.4	0.1	0.3	1,875	1.0	4.3	11.4	13	70.2	100	1,084
<b>Total</b>	<b>27.7</b>	<b>70.5</b>	<b>0.6</b>	<b>1.2</b>	<b>9,306</b>	<b>0.8</b>	<b>4.4</b>	<b>10.1</b>	<b>15</b>	<b>69.4</b>	<b>100</b>	<b>6,708</b>

Smoking habit is found more in young men than in older men, and the biggest percentage is found in men aged 15-19 years old (89.7 percent). However, 2007 IDHS results have shown that the biggest percentage is found in males aged 20-29 years old, which is 50.6 percent. This condition is a cause of concern because there is a shift in smokers from those aged 20-29 years old to those who are younger aged 15-19 years old (89.7 percent). The proportion of smokers in rural areas is bigger than that in urban areas, which is 73.5 compared to 67.7 percent. Men who live in rural areas consume 10 cigarettes or more compared to those who live in urban areas (70.9 percent compared to 67.9 percent). The percentage of male smokers tends to increase in line with the increase of men's education level. Among the male smokers who consume 10 cigarettes or more, it is those who never attend schools or do not graduate from elementary schools that smoke most, with a similar percentage of 71.9 percent and 71.5 percent, respectively. The habit of smoking by men can be seen equal in all highest wealth quintile indexes (57.4 percent). By contrast, men who consume 10 cigarettes or more can be found in men who are at the lowest quintile indexes.



# Knowledge of Family Planning

## Key Findings

- Knowledge of family planning (FP) methods is prevalent among men. The majority of married men know a type of family planning methods (97 percent) and a type of modern family planning methods (97 percent) .
- The use of mass media based on such characteristics as age, areas of residence, education level and the wealth quintile shows that television is the media that provide the most information about family planning (FP)
- In general, 46 percent of married women and 38 percent of married men are not exposed to family planning information through any of the five sources of media (radios, televisions, newspapers/magazines, posters, and pamphlets).
- In terms of men's attitude towards family planning, the statement that men agree most is "FP is Women's Concern" (42 percent), other statement is "It is Women that Should be Sterilized" (30 percent). Men also agree with the statement that "Male Sterilization equals Castration" with the percentage of lower than 14 percent.
- Misperceptions about women's sterilization are still found in the community.

## 3.1. Knowledge of Contraceptive Methods

Knowledge of birth control and family planning is one of the vital aspects toward an understanding of contraceptive methods, which will subsequently affect the appropriate and effective use of contraceptive methods. Knowledge of contraceptive methods is very important for both men and women. This section specifically discusses the knowledge of contraceptive methods among married men.

Data on the knowledge of contraceptive methods in the 2012 IDHS were obtained through first of all asking the male respondents to mention methods that can be used by the husband and wife to delay or avoid pregnancy and childbirth. If the respondents do not spontaneously mention any of the contraceptive methods, the interviewers will describe the contraceptive methods, and then inquire whether the respondents can recognize them. In the lists of the questions, there are ten modern contraceptive methods, namely: female sterilization, male sterilization, pills, the Intra Uterine Device (IUD), injectables, implants, condoms, intravaginal diaphragm, and the lactational amenorrhea method (LAM) method, and emergency contraceptions. The other contraceptive methods noted are the 3 (three) traditional contraceptions, including periodic abstinence (rhythm method), withdrawal from sexual activity, and other traditional methods such as traditional herbs or massages.

**Table 3.1. Knowledge of contraceptive methods**

Percentage of all women aged 15-49, of married women aged 15-49, and of married men aged 15-45 who know at least one device/method, in terms of contraceptive methods, Indonesia 2007.

Method	All women	Currently Married Woman	Unmarried women of reproductive ages	Currently Married Men
<b>Any Method</b>	98.0	99.0	90.7	97.3
<b>Any modern method</b>	98.0	98.9	89.0	97.2
Female Sterilization	61.4	67.0	44.4	40.3
Male Sterilization	33.7	37.7	25.4	30.6
Pill	95.6	97.3	87.7	93.0
IUD	75.8	82.3	68.2	65.1
Injectables	95.9	98.0	83.0	92.5
Implants	81.8	89.0	54.1	63.1
Male Condom	83.1	84.4	84.9	87.0
Diaphragm (Intravag)	10.7	10.5	9.5	7.8
Lactational amenorrhea (LAM)	21.6	23.8	22.8	7.7
Emergency contraception	11.0	11.3	10.6	6.9
<b>Any Traditional method</b>	56.8	62.6	62.9	46.7
Rhythm	42.8	47.2	32.1	33.6
Withdrawal	42.1	48.1	54.3	34.6
Others	8.4	9.5	3.7	4.1
Mean number of known contraceptive methods	6.6	7.1	5.8	5.7
Total number of female/male respondents	45,607	33,465	34	9,306

Table 3.1 presents men's knowledge of contraceptive methods. Findings indicate that the knowledge of contraceptive methods has expanded among men. Almost all married men know one contraceptive methods (97 percent). Their knowledge of modern contraceptive methods constitutes as high as 97 percent. Meanwhile, men's knowledge about traditional contraceptions/contraceptive use is relatively low (47 percent). Compared to the results of 2007 IDHS, married men's knowledge of both modern and traditional contraception/contraceptive use increases.

If specified based on its types, the most dominant contraceptive methods known by men are pill and injectable, with a similar percentage, 93 percent. Knowledge of contraceptive device like condoms is quite high, constituting 87 percent, which is reasonable given that condoms is a popular contraceptive device among men and is relatively easy to obtain. Knowledge of the Intra Uterine Device (IUD) and implant among married men is noted to be 65 percent and 63 percent, respectively. Meanwhile, knowledge of female sterilization (MOW) and male sterilization (MOP) is evidently low, which is known only by 40 percent and 31 percent male respondents. The male respondents' inadequate knowledge of male sterilization is a cause of concern, given that male sterilization is one of the long term contraceptive methods for men. This finding suggests a serious handling of the issue by the program managers. Meanwhile, based on the the known contraceptive methods, 6 types of contraceptive methods is generally known by men.

For married women, it is also shown that there is a similarity in the percentage in that the majority of women have known about contraceptive methods (99 percent). Almost all women have also known a modern contraceptive methods (99 percent). It can therefore be said that both married men and married women have known at least one contraceptive device/method.

**Table 3.2. Knowledge of contraceptive methods based on background characteristics**

Distribution of percentage of married men who known at least one type of contraceptive methods and one type of modern contraceptive methods based on background characteristics, Indonesia 2012

Currently Married men

Background Characteristics	Know a contraceptive methods	Know a modern contraceptive methods <sup>1)</sup>	Total of male respondents
<b>Age</b>			
15-19	*	*	28
20-24	94.4	94.4	345
25-29	98.3	98.3	1,127
30-34	98.4	98.1	1,674
35-39	98.1	97.8	1,775
40-44	97.9	97.7	1,693
45-49	97.4	97.1	1,371
50-54	94.0	94.0	1,292
<b>Areas of residence</b>			
Urban	98.6	98.6	4,739
Rural	96.0	95.7	4,567
<b>Education</b>			
No education	77.5	76.6	265
Some primary	92.9	92.4	1,371
Completed primary	97.3	97.1	2,118
Some secondary (SMTA)	98.8	98.8	1,979
SMTA+	99.7	99.7	3,572
<b>Wealth quintile</b>			
Lowest	91.9	91.5	1,596
Middle-low	96.4	96.0	1,866
Middle	98.8	98.8	2,008
Middle-high	99.0	98.9	1,962
Highest	99.6	99.6	1,875
<b>Total</b>	<b>97.3</b>	<b>97.2</b>	<b>9,306</b>

Note:

\* The total of weighted male respondents is less than 25 and is not presented

<sup>1</sup> Modern contraceptions/contraceptive use: female sterilization surgery, male sterilization surgery, pill, IUD, injectable, implant, condom, diaphragm, lactational amenorrhea (LAM), and emergency contraception.

Table 3.2 above presents the percentage of married men who recognize at least one contraceptive device/method and one modern contraceptive device/method which are specified based on background characteristics. These background characteristics include ages, areas of residence, education level, as well as wealth quintile indexes

In general, knowledge of a contraceptive device/method and modern contraceptive device/method is fairly equal in all age groups among married men. As an illustration, the percentage of men aged 20-24 years old and 45-49 years old who have knowledge of a contraceptive device/method range between 94-97 percent, while the percentage of those aged 50-54 who have knowledge about a contraceptive device/method is only 94 percent. Married men's knowledge of a modern contraceptive device also shows a similar pattern. It needs to be informed here that the percentage of married men aged 15-19 years old cannot be presented due to a small number of cases.

The percentage of married men's knowledge of contraceptive methods and modern contraceptive methods is apparently higher in urban areas compared to that in rural ones. The noted percentage for each is 99 percent in urban areas, both for knowledge of any contraceptive device/method and any modern contraceptive device/method. As has been assumed, education level has a positive correlation with men's knowledge of any contraceptive device/method and any modern contraceptive device/method. The higher men's education level, the higher their knowledge they have about any contraceptive device/method and

any modern contraceptive device/method. As an example, the percentage of men's knowledge of any contraceptive device/method among married uneducated men is noted to be only 78 percent, and 77 percent has knowledge of any contraceptive device/method and any modern contraceptive device/method, while almost all men with higher education level (SMTA) or higher have the knowledge. Based on the wealth quintile indexes, it has been shown that there is a significant difference between married men with the lowest wealth quintile indexes and those with the highest wealth quintile indexes. The percentage of married men's knowledge of both any contraceptive device/method and any modern contraceptive device/method goes up in line with the wealth quintile indexes. Knowledge of any contraceptive device/method and any modern contraceptive device/method among married men with the lowest wealth quintile indexes has an equal percentage (92 percent), while knowledge of those with the highest wealth quintile indexes almost reach 100 percent.

### 3.2. Knowledge of Source of Contraceptive Methods

Knowledge of the source of contraceptive methods, in this case, condoms is one of the aspects that men need to know. Men's knowledge of the appropriate source of contraceptive methods can help individuals choose correct and desirable contraceptive methods, if the couple or one of the couple wants to have access to any contraceptive methods.

**Table 3.3. Knowledge of source of contraceptive methods (Condoms)**

Distribution of percentage of married men based on their knowledge of places in obtaining contraceptive methods , Indonesia 2012

Source of Contraceptive Methods	Number of men having the knowledge of the source	Percentage of men having the knowledge of the source	Total number of men
<b>PUBLIC SECTOR</b>			
• Hospitals	473	8.9	5,343
• Community Health Center	899	16.8	5,343
• Clinics	151	2.8	5,343
• PLKB	151	2.8	5,343
• TKBK/TMK	*	0.0	5,343
• Others	*	0.4	5,343
<b>PRIVATE SECTOR</b>			
• Hospitals	128	2.4	5,343
• Maternity and infant hospitals	*	0.2	5,343
• Maternity clinic	*	0.2	5,343
• Clinics	98	1.8	5,343
• Private doctors	98	1.8	5,343
• Obgyn	(45)	0.8	5,343
• Midwives	347	6.5	5,343
• Nurses	(31)	0.6	5,343
• Village Midwives	266	5.0	5,343
• Pharmacy/Drug stores	4.529	84.8	5,343
• Others	(38)	0.7	5,343
<b>OTHERS</b>			
• Polindes	51	1.0	5,343
• Posyandu	109	2.0	5,343
• FP center/PPKBD	80	1.5	5,343
• Friends/Relatives	(45)	0.8	5,343
• Stores	1,933	36.2	5,343
• Others	50	0.9	5,343

\*) Asterisk indicates that estimation is based on the number of cases less than 25 and are not presented

(....) Paranthesis indicates that estimation is based on cases less than 49, but more than 25.

In this 2012 IDHS report, married men are asked “Do you know the places to obtain condoms?”, after previously asked “What contraceptive methods do you use?”. In general the most-known source of contraceptive methods by men is pharmacy/drug stores. Eighty five percent of married men know that *puskesmas* is one of the places where they can get contraceptive methods. Other sources of contraceptive methods known by married men are stores, which sells daily needs and mini-markets (36 percent), *puskesmas* (17 percent), public hospitals (9 percent), private midwives (7 percent), and village midwives (5 percent). Other sources of FP services which are less known include private doctors, private hospitals as well as *posyandu*. The proportion of men who know the three sources of the contraceptive methods is only 2 percent, respectively.

Men’s knowledge of sources of contraceptive methods in public, private, and other sectors varies in general. The source of contraceptive methods in the public sector known by most men is *Puskesmas* (17 percent). Private and Village Midwives as well as stores are relatively the known by most men as the sources of contraceptive methods in private sectors, while other sources in other sectors a mostly known by men in other sectors available in the community is stores (36 percent).

Men’s knowledge of sources to obtain condoms in public, private, and other sectors varies in general. The place to obtain condoms in the private sector known by most married men is drug stores (85 percent). Private and Village Midwives are also relatively known by most men to obtain condoms in private sectors, while other sources in other sectors a mostly known by men in other sectors available in the community is stores (36 percent).

### **3.3. Sources of Information on Family Planning (FP)**

Information, Education, and Communication (IEC) activities in the National Family Planning (FP) Program in Indonesia is carried out through mass media, the FP groups, and the FP officers. Mass media employed as a source of FP information includes newspapers, radios, televisions, with programs such as drama, sport show, reportage, discussion and periodic broadcasting. FP information through radios and televisions is broadcast by both the centre and regional stations managed by both public and private sectors.

Other media that can be employed to disseminate FP information is through the FP fieldwork officers across the country. These personels consist of FP Counselors, the Family Planning Fieldwork Officers (PLKB), the PPLKB, cadres, PPKBD, and the sub-PPKBD. The KB fieldwork officers focus their efforts in disseminating the information on Family Planning (FP), providing FP counseling, as well as documenting family data. Their duties are to work at the fieldwork and collaborate with the existing organizations in the community, such as the women’s Islamic gathering, the Family Welfare Program (PKK), and the Organization of Civil Servants’ Wives (Dharma Wanita).

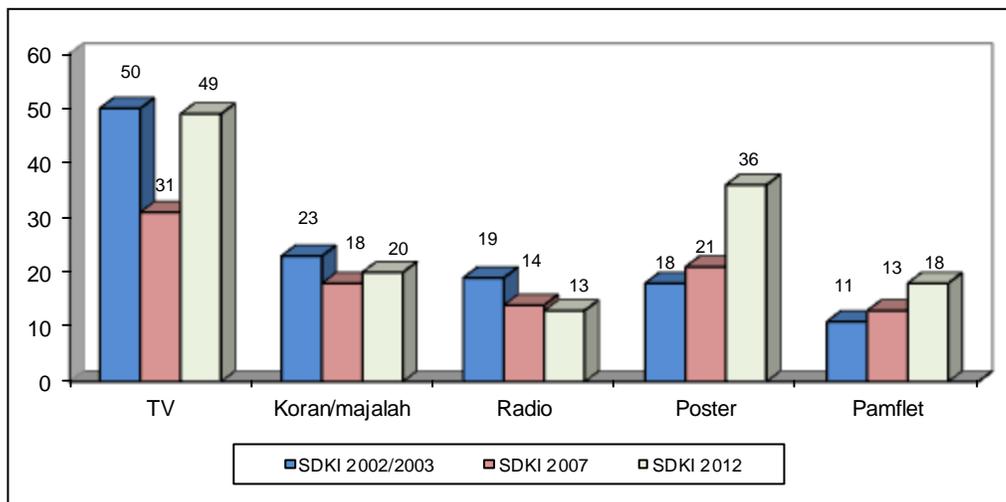
In order to find out whether sources of FP information are accessible to men, a set of questions about FP information are asked to the married men. The questions asked to the respondents are whether they have ever listened to/watched any program related to FP in radio or television, and whether they have ever read the any information on FP in printed media such as newspapers/magazines, posters, and pamphlets.

#### **3.3.1. The Roles of Mass Media**

Information about the roles of mass media as a source of FP information is presented in Table 3.4. In general, three to six out of ten married men (62 percent) admit that they have heard the information about family planning from a mass media in the last 6 (six) months prior to the survey. Specifically, the media

that has been mentioned the most by married men as a source of information on FP is televisions (48 percent). The next source of FP information mentioned by men is posters (36 percent), newspapers/magazines (20 percent), pamphlets (18 percent), and the lowest mentioned media is radios (13 percent). Meanwhile, 59 percent of men has been noted for never having the access to the source of FP information from various kinds of media in the last six months prior to the survey.

**Figure 3.1.** Trend of the percentage of married men who hear or read the information on FP in electronic media or printed media in the last 6 months prior to the survey (IDHS from 2002/2003 until 2012)



If compared with the results of the 2002/2003 IDHS and 2007 IDHS, the proportion of men who can get FP information via television, newspapers/magazines, posters, and pamphlets increases in the 2012 IDHS, whereas the proportion of men who can get access to FP information via radios undergoes a decline compared to 2007 IDHS. The increase in the four media is respectively from 31 percent to 49 percent for television, from 18 percent to 20 percent for newspapers/magazines, from 21 percent to 36 percent for posters, and 13 percent to 18 percent for pamphlets, while the decline in the source of FP information via radios is from 14 percent to 13 percent. However, if compared to the results of the 2002/2003 IDHS, the results from 2012 IDHS show a decline in televisions, newspapers/magazines and radios, respectively 50 percent to 49 percent for television, 23 percent to 20 percent for newspapers/magazines, and 19 percent to 13 percent for radios. Increase by twice is noted for poster as a source of FP information, which is from 18 percent to 36 percent, in pamphlet, which is from 11 percent to 18 percent. In observed there is a continuous decrease for radios, as a source of information from 2002-2003 until 2012, which by no means that radios are no longer effective as a source of FP information, but rather the ownership of radios tends to decline.

By age, married men who have ever obtained FP information from a media have an upside-down “U”, which is relatively lower than those of younger age (15-19 years old), and then increases in married men aged 35-39 years old, and eventually undergo a decrease. As an illustration, the percentage of men aged 15-19 years old and having the access to FP information is noted to be 33 percent, and this figure increases to 56 percent in men aged 30-34 years old, and eventually decreases to 50 percent or lower among men with older ages.

In general, access to FP information via media is apparently better in urban areas than in rural ones. The proportion for each media is 54 percent compared to 42 percent for access to television, 45 percent compared to 26 percent for access to poster, 27 percent compared to 12 percent for access to

newspapers/magazines, 24 percent compared to 13 percent for access pamphlets and 15 percent compared to 10 percent to access for radios.

**Table 3.4. Hearing/reading FP program in electronic media and printed media**

Distribution of percentage of married men who hear or read FP information in electronic media or printed media in the last 6 months prior to the survey based on background characteristics, Indonesia 2012

Background Characteristics	Radios	Televisions	Printed Media			None	Total
			Newspapers/ Magazines	Posters	Pamphlets		
<b>Age</b>							
15-19	(5.6)	(33.1)	(9.8)	(22.8)	(1.7)	43.3	28
20-24	17.6	50.2	15.9	32.2	14.6	33.9	345
25-29	11.4	48.1	21.4	38.1	20.0	36.6	1,127
30-34	14.1	55.7	19.4	41.9	20.1	30.5	1,674
35-39	12.7	49.6	22.9	39.0	21.4	35.1	1,775
40-44	12.9	48.0	21.8	37.2	19.1	36.6	1,693
45-49	11.0	42.8	18.6	31.4	15.1	44.1	1,371
50-54	11.4	39.2	12.4	25.5	12.7	48.6	1,292
<b>Areas of residence</b>							
Urban	14.7	53.8	26.9	44.8	23.6	28.8	4,739
Rural	10.3	41.5	11.8	26.4	12.5	47.4	4,567
<b>Education</b>							
No Education	6.7	22.8	3.1	10.0	6.9	69.4	265
Some Primary	6.6	27.1	3.0	13.2	3.6	63.9	1,371
Completed Primary	8.9	39.9	7.9	22.4	8.7	49.7	2,118
Some Secondary (SMTA)	11.7	49.8	15.2	36.5	15.2	34.6	1,979
SMTA+	17.9	61.1	36.4	53.9	31.8	20.5	3,572
<b>Wealth quintile</b>							
Lowest	7.6	29.1	7.1	15.3	6.0	61.4	1,596
Middle-low	9.1	38.0	9.2	26.5	11.8	48.8	1,866
Middle	11.5	50.2	16.3	35.7	18.6	36.1	2,008
Middle-high	14.1	56.1	23.9	43.5	21.4	28.0	1,962
Highest	19.7	62.1	39.1	54.6	30.8	19.4	1,875
<b>Total</b>	<b>12.6</b>	<b>47.8</b>	<b>19.5</b>	<b>35.8</b>	<b>18.1</b>	<b>37.9</b>	<b>9,306</b>

(...)(Paranthesis shows that estimation is based on the number of cases less than 49 but more than 25 cases

Education level seems to have a positive correlation with the exposure of media that spread FP information. As an illustration, the proportion of uneducated men who get access to FP information via television is only 23 percent. This figure rises to 27 percent in those who do not graduate from primary school (SD), and tends to increase in line with the increase of men's education level, which becomes 61 percent for men with higher education level (SMTA or higher). This pattern can also be seen in married men who can access to FP information via radios, newspapers/magazines, posters and pamphlets.

Based on the wealth quintile indexes, it is seen that the higher the wealth quintile indexes of married men, the higher the exposure to all kinds of media that disseminate FP information. For instance, if in the percentage of married men who have the lowest wealth quintile indexes and who can access FP information from television is only around 29 percent, then this figure increases by twice to 62 percent among men who have the highest wealth quintile indexes.

On the other hand, married men who never get access to FP information at all from different media are found mostly in older age groups (50-54 years old) who live in rural areas, have no education and belong to the lowest wealth quintile indexes. The general pattern which occur in the respondents' background characteristics is that the younger the marriage ages, the less number of respondents are exposed to all media which disseminate FP information; the higher the education level, the less number of respondents that can get access to all kinds of media, and the highest the wealth quintile indexes possessed, the less the number of respondents that can get access to different kinds of media. As an illustration, for example,

the percentage of uneducated married men who cannot get access to one of the media that spread FP information reaches 69 percent, while the percentage of those who have the secondary (SMTA) education or higher is noted to be one third of the percentage of uneducated married men (21 percent). On the other side, based on the wealth quintile indexes, eight out of ten married men who have the lowest wealth quintile indexes have no access to one of the media that spread the FP information, whereas those who have the highest wealth quintile indexes are noted to be four out of ten men.

**Table 3.5. The exposure of FP information through electronic media and printed media: married women**

Percentage of married women aged 15-49 who hear or read the FP information in electronic media or printed media in a few months prior to the survey based on the background characteristics, Indonesia 2012

Background Characteristics	Radios	Televisions	Newspapers/ Magazines	Posters	Pamphlets	None	Total of women respondents
<b>Age</b>							
15-19	10.2	46.5	7.3	21.0	9	45.3	890
20-24	9.2	48.8	11.5	25.9	12	42.1	3,754
25-29	9.0	49.6	14.9	29.1	16	41.1	6,000
30-34	9.7	47.2	15.5	28.7	15	42.1	6,285
35-39	9.6	47.2	16.4	28.8	15	44.3	6,331
40-44	10.6	40.9	12.8	24.3	13	49.7	5,572
45-49	8.8	36.5	9.6	18.5	10	57.5	4,633
<b>Areas of residence</b>							
Urban	11.3	52.9	19.6	33.4	18	36.6	16,466
Rural	7.8	37.9	7.9	19.2	9	54.7	16,999
<b>Education</b>							
No education	2.1	13.8	0.3	2.0	1	84.4	1,209
Some Primary	4.9	26.0	1.3	8.0	3	69.6	4,185
Completed Primary	7.3	38.3	5.0	16.3	6	55.1	9,045
Some Secondary (SMTA)	9.8	48.6	10.3	25.7	12	43.0	7,912
SMTA+	12.7	57.9	23.3	39.1	22	30.2	7,760
Higher Education <sup>1</sup>	15.9	62.5	42.8	55.2	36	19.7	3,353
<b>Wealth quintile</b>							
Lowest	5.7	24.5	3.6	13.1	5	67.9	5,966
Middle-low	6.6	38.2	6.3	17.9	8	54.6	6,614
Middle	9.8	46.4	10.5	24.1	12	45.8	6,864
Middle-high	10.4	53.3	16.6	30.2	16	36.8	7,218
Highest	14.6	60.7	29.6	43.4	25	27.4	6,803
<b>Total</b>	<b>9.5</b>	<b>45.3</b>	<b>13.6</b>	<b>26.2</b>	<b>14</b>	<b>45.8</b>	<b>33,465</b>

<sup>1</sup>Higher education includes: Diploma, S1/S2/S3

If compared with married women (based on the 2012 IDHS data), television is the most dominant information accepted by married women (45 percent). Some of married women are also exposed to posters (26 percent), pamphlets and newspapers/magazines for messages/information (14 percent respectively) about the FP program, while for married men, aside from television, other media which play a role as a source of information about the FP are posters (36 percent) and newspaper (20 percent). Among the sources of information such as radios, televisions, newspapers/magazines, posters and pamphlets, 46 percent of married women and 38 percent of unmarried men are not exposed to none of the five mentioned media above.

### 3.3.2. Discussions about Family Planning (FP)

Discussion between a man and someone or among couples about family planning (FP) program can be used as an effort to disseminate information about family planning (FP). Interactions which are going on during discussion will broaden their horizon on family planning, so they can indirectly enhance their

knowledge about family planning program. It is expected that with their increased knowledge positive perceptions of family planning program will grow. Positive perceptions will enable them to accept the FP program, which will in turn encourage their participation in becoming the FP participants and in becoming aware of the sustainability of the program users.

Talks related to the FP program are asked to all married men whether they have discussed the FP program with their wives, friends/neighbors, relatives, parents, brothers and children in the last six months prior to the interview. The proportion of men who have discussed the FP program with their spouse has been noted to be 26 percentage.

Talks/discussions about the FP among married men with other individuals are also relatively low. The percentage of discussions with friends and neighbors, for example, is only 12 percent. Men who talk about the FP with their relatives and with their parents are noted to be only 1 percent, while the percentage of discussions with brothers and children is very low, which is less than one percent.

**Table 3.6. Discussion about family planning program**

Percentage of married men who have discussed the FP problems in the last six months based on the background characteristics Indonesia 2012

Background Characteristics	Ever discussed FP with:						Never discuss FP	Total of male respondents
	Wives	Parents	Relatives	Children	Brothers	Friends/neighbors		
<b>Age</b>								
15-19	(28.0)	(3.1)	(0.0)	(0.0)	(0.0)	(1.4)	(69.3)	28
20-24	34.5	4.2	0.0	0.0	1.1	14.9	56.4	345
25-29	34.8	1.9	1.2	0.0	0.9	12.2	58.0	1,127
30-34	33.5	0.7	0.7	0.0	0.8	15.6	57.6	1,674
35-39	29.7	1.3	0.5	0.0	0.6	11.9	62.8	1,775
40-44	23.6	0.9	0.8	0.0	0.2	10.2	69.4	1,693
45-49	19.2	1.1	0.4	0.6	0.5	9.9	73.8	1,371
50-54	11.7	0.9	0.7	1.0	0.4	7.8	82.6	1,292
<b>Areas of residence</b>								
Urban	28.3	1.2	0.8	0.3	0.7	14.0	63.2	4,739
Rural	23.6	1.3	0.5	0.2	0.4	9.0	70.2	4,567
<b>Education</b>								
No Education	11.3	2.9	0.0	0.0	0.2	7.9	83.5	265
Some Primary	14.2	0.6	0.1	0.3	0.0	5.6	82.1	1,371
Completed Primary	19.6	0.7	0.3	0.3	0.1	5.6	76.2	2,118
Some Secondary (SMTA)	29.2	0.6	0.3	0.1	0.4	10.9	62.8	1,979
SMTA+	33.6	2.1	1.3	0.3	1.2	17.9	55.9	3,572
<b>Numbers of living children</b>								
0	17.5	2.5	1.1	0.0	0.8	8.9	74.9	888
1 -2	27.0	1.4	0.8	0.2	0.5	12.8	64.7	3,935
3 – 4	28.8	0.7	0.5	0.3	0.7	12.3	64.0	3,101
4+	22.4	1.1	0.3	0.3	0.2	8.0	72.7	1,382
<b>Wealth quintile</b>								
Lowest	20.0	0.6	0.1	0.1	0.2	5.1	76.2	1,596
Middle-low	23.6	1.5	0.4	0.0	0.3	8.4	70.2	1,866
Middle	24.4	0.8	0.8	0.0	0.5	9.3	69.2	2,008
Middle-high	28.1	1.0	0.9	0.3	0.7	15.4	61.9	1,962
Highest	33.0	2.2	1.1	0.8	1.1	18.3	57.2	1,875
<b>Total</b>	<b>26.0</b>	<b>1.2</b>	<b>0.7</b>	<b>0.2</b>	<b>0.6</b>	<b>11.5</b>	<b>66.6</b>	<b>9,306</b>

(....) Paranthesis shows that estimation is based on the number of cases less than 49 but more than 25 cases.

The general patterns show that the discussion about the FP program with wives, friends/neighbors, relatives, parents, brothers and children is done more by married men whose: are under the age of 30 years old, live in urban areas, have higher education level, have jobs, have children more than 2, and have the highest wealth indexes.

If observed in greater details, the patterns which occur in each group who hold the discussion can be pictured as follow: men who discuss the FP program with their spouses are those aged 25-34 years old and have two children. Observations both at the education and the wealth quintile indexes show a positive relationship. Among married men with no educational background, for example, only around 11 percent that discuss the FP program with their spouses, while the percentage of those with educational background for the same issue is 34 percent. On the other side, the proportion of married men who belong the lowest wealth quintile indexes and who has discussed the FP program with their wives is only 20 percent. This percentage continuously increases in line with the higher wealth quintile to 33 percent among men who belong to the highest wealth quintile indexes.

Discussion among married men and friends or neighbors is done mostly by men aged 30-44 years old (16 percent) and who have two children (13 percent). The difference in terms of residence looks striking; urban men hold discussion with friends or neighbors more than their counterparts who live in rural areas (14 percent compared to 9 percent). The second most talk about the FP program with parents is done by men aged 20-24 years old (4 percent), while the most held talk with relatives is done by men aged 35-39 years old (less than 1 percent). Based on the number of children, talk about the FP program with parents or relatives is done mostly by men who have no children.

If viewed from men who never discuss the FP program, the discussion is mostly done by those ages 50-54 years old who live in rural areas with no educational background, are jobless in the last 12 months, and have no children as well as belong the the lowest wealth quintile indexes. From the Table on the discussion about the FP program above, it can be discovered that the frankness of talking about FP, reproductive health, and sexual activities among spouses is still fairly low. The majority of men never talk about the FP program/never discuss the program. Most discussions are held with wives with the percentage of 26 percent. The absence of discussion about the FP program among spouses is often associated with the community perceptions that the talk is taboo or with the unwillingness or a feeling of embarrassment in discussing health reproduction and sexual activities.

### **3.3.3. Men's Attitudes toward Family Planning (FP)**

Aside from knowledge of the FP program, men's attitudes toward the FP program play a role in determining whether a man is willing to be the participant of the FP or whether he allows his couple to use of the contraceptive methods. In general, positive attitudes toward the FP program will make them easy to accept the program. The acceptance of the FP program can have an impact on their participation in the program, which is signaled by their involvement as the FP program participation. On the other side, their lack of knowledge can bring about misperceptions about the FP program. This misperception will hinder their acceptance of the FP program, so that they tend to refuse to be the participants of FP program.

In the 2012 IDHS, data on the attitudes of the FP were asked to all married men respondents who were selected as the samples of the survey. Several questions about the FP were put forward to them, which were among other "The FP is Women's Concerns", "Sterilized Women can exchange partners", "Male sterilization equals castration", and "Women Should be Sterilized". In this respect men were asked whether they agree or disagree with the FP program related questions asked to them. Results from the information about men's attitude are presented in Table 3.7.

**Table 3.7. Men's attitude toward the FP related questions**

Percentage of married men attitudes toward questions related to the FP based on background characteristics Indonesia 2012

Background Characteristics	FP is women's concern	Sterilized Women can exchange partners	Male sterilization equals Castration	Women Should be Sterilized	Total
<b>Age</b>					
15-19	(47.9)	(3.2)	(21.9)	(29.6)	28
20-24	36.0	2.8	8.8	30.2	345
25-29	38.7	1.5	13.5	30.9	1,126
30-34	38.8	1.7	12.3	27.2	1,668
35-39	39.1	1.6	13.4	31.3	1,771
40-44	41.2	1.0	16.7	28.5	1,692
45-49	47.4	2.5	14.8	31.2	1,371
50-54	46.2	1.0	14.8	32.9	1,289
<b>Areas of residence</b>					
Urban	35.5	1.8	16.6	29.4	4,731
Rural	47.7	1.4	11.4	30.9	4,558
<b>Education</b>					
No Education	41.6	0.4	10.5	22.0	265
Some Primary	57.5	1.8	9.1	30.5	1,369
Completed Primary	55.9	1.6	13.1	36.0	2,114
Some Secondary (SMTA)	44.6	1.6	13.2	30.0	1,976
SMTA+	25.1	1.6	17.2	27.2	3,565
<b>Wealth quintile</b>					
Lowest	46.6	2.1	10.0	23.8	1,594
Middle-low	51.0	1.6	11.5	33.2	1,865
Middle	44.8	1.5	14.4	34.7	2,001
Middle-high	38.8	1.3	14.9	31.2	1,960
Highest	27.0	1.6	18.8	26.6	1,870
<b>Total (percent)</b>	<b>41.5</b>	<b>1.6</b>	<b>14.1</b>	<b>30.2</b>	<b>9,289</b>

(....). Parentheses indicate that estimation is based on the number of cases less than 49, yet more than 25 cases.

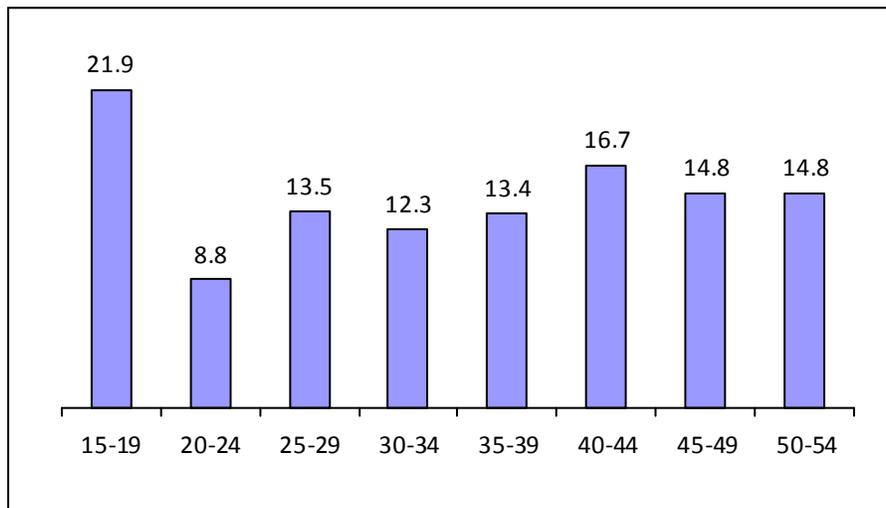
Among the varied statements which reflect on men's attitudes toward family planning, the statement "FP is women's concerns" is the most uttered by men (42 percent), next most uttered being "Women should be sterilized (30.2 percent). The statement on "Male sterilization equals Castration" is uttered by men with the percentage lower than 14 percent. Meanwhile, the least uttered statement by married men is "The sterilized women can exchange partners" (2 percent). If compared with the results of 2007 IDHS, this shows a rise in men who state that the FP is women's concern (from 31 percent to 42 percent), women should be sterilized (from 22 percent to 30 percent). This is a big increase.

The above findings especially the statement most agreed by men "FP is women's concerns" indicates that in general men still have perceptions that it is women who concern with the FP. Further, it can also be taken into account that the use of contraceptions is most accurate if addressed to women.

In general, some questions which reflect men's attitudes towards the FP programs look varied by ages, areas of residence, education levels, as well as wealth quintile indexes. Based on age groups, except that of age group 15-19 years old, it can be seen that there is a tendency among older men who state that "The FP is women's concerns". Attitudes toward "Women should be sterilized" shows an irregular pattern and "Sterilized women can exchange partners" demonstrates a continuously decreasing pattern.

Meanwhile, the percentage of men's attitudes toward the statement "Male sterilization equals castration" by age group is found mostly in men aged 15-19 years old with 22 percent and the lowest percentage is found in those aged 20-24 years old (9 percent).

**Figure 3.2.** Percentage of the statement “*Male sterilization equals castration*” based on age group Indonesia 2012



The statements “*FP is women’s concerns*” and “*Women should be sterilized*” are uttered more by married men living in rural areas than those in urban areas, with the percentage of 48 percent compared to 36 percent for the former statement, 31 percent compared to 29 percent for the latter statement. By contrast, the statement “*Male sterilization equals castration*” is uttered more by men in urban areas than those in rural ones (17 percent compared to 11 percent).

More men who do not graduate from primary school (SD) or even lower level of education states that “*FP is women’s concern*” compared to the men with higher education level. The statement that “*Sterilized women can exchange sexual partners*” is mostly found in men who do not graduate from primary school (2 percent). Meanwhile, the proportion of men who state that “*Male sterilization equals castration*” tends to be found more in men with higher education level (SMTA graduates and higher) and the statement that “*Women should be sterilized*” is uttered more by married men with primary education level (SD). Misperception about “*Men sterilization equals castration*” found in men with higher education level needs to be given special attention by the program coordinator, because this misperception can be one of the potential causes for the less acceptance of the Male Sterilization Surgery (MOP) or Vasectomy among the majority of men.

The statement that “*FP is women’s concern*” is in fact mostly stated by men with the middle wealth quintile indexes to men with the lowest wealth quintile indexes. As an example, the proportion of men who agree that “*FP is women’s concern*” among men with the the middle-low wealth quintile indexes is noted to be 51 percent, while the percentage those the highest wealth quintile indexes seem much lower (27 percent).

The percentage of respondents who state that “*Male sterilization equals castration*” tends to increase in line with the rise of the wealth quintile indexes. Ninety-percent of men with the highest wealth quintile indexes agree with this statement, while the percentage of those with the lowest wealth quintile indexes is only a half from the former (10 percent). On the other side, the percentage of men who state that “*Women should be sterilized*” indicate an upside-down U pattern, and this is found in men the the middle wealth quintile indexes (35 percent).

The proportion of men who state that “*Sterilized women can exchange sexual partners*” seem equal in all age groups, both in urban and rural areas; yet, it is slightly higher among men who do not graduate from

primary education and who do not differ in terms of wealth quintile. This finding depicts the fact that in the community environment misperceptions about women sterilization can still be found. For this reason, to counter this misperceptions the more intensified IEC about FP especially that related to both men and women sterilization is necessary. The IEC materials need to be specific, designed in simple language, and distributed equally both in urban and rural areas, given that there are still a number of groups of people with no education in these areas.

Based on the above data, it can be said that men's attitudes toward family planning (FP) is that "*FP is women's concern*" (42 percent). This indicates the lack of men's participation in family planning. It can also be interpreted that most men consider family planning is the sole concerns of women. There is also perception that family planning program is carried out only by women, which can be seen from women that are supposed to be sterilized (30 percent). The lack of men's participation also indicates lack of support of active men's participation in the effort to develop family planning program.



# The Experience and Use of FP Methods

## 4

### Key Findings

- The use of modern FP methods among married men decreases to 2.7 percent compared with 2.8 percent according to the 2007 IDHS, although their knowledge on condoms and MOP (Male Sterilization Surgery or vasectomy) is quite significant, 87 percent and 30.6 percent respectively according to 2012 IDHS. The use of FP methods of traditional men is noted almost 2 percent so that the use of FP methods of men becomes 4.7 percent, even though this number decreases from 5.4 percent (the 2007 IDHS).
- The decrease of male contraception use happens in the use of MOP (vasectomy) (from 0.4 percent in 2007 IDHS to 0.3 percent in 2012 IDHS). The use of condoms as the contraceptive method increases a little to 2.5 from 2.4 (the 2007 IDHS).
- The majority of men think that the prices of condoms circulated in the society are still affordable. Men who are in the rural areas and who are in the middle class tend to think that the condom prices are affordable with the percentage of 73.5 percent and 79.4 percent respectively.
- The percentage of men who admit that they do not have any problems in using condoms increases to 80 percent compared with the results of the 2007 IDHS (69 percent). Ten percent of men having problems with condoms think that condoms reduce convenience.
- Among the men who have heard about condoms as the FP method, most men think condoms can protect themselves from diseases.
- Men in urban areas mostly agree with several statements about condoms compared with men living in rural areas; for example, condoms can reduce the joy in sexual intercourse; condoms are not comfortable to wear; condoms can protect them from diseases; and women have no rights to suggest men to wear condoms.
- Among married men, the number of men who reported to have done sexual intercourse by giving a reward such as money or an item increases to three percent compared with the results of 2002-2003 IDHS (around one percent), and 2 percent (the 2007 IDHS).
- Among all married men, most of them (70 percent) have never heard about male sterilization, and this number decreases compared with the results of the 2007 IDHS (71 percent).

This chapter presents the experience and use of male FP including the aspects of the current male FP methods and the discussion on things related to the use and condom problems, as well as various issues on male sterilization.

### 4.1. The Use of FP Methods by Men

Table 4.1. presents information about the use of the present male FP methods. The table provides a description that the male participation in FP is still relatively low both in the use of modern FP methods and in the use of traditional FP methods. This is less encouraging that the use of modern FP methods among married men decreases to 2.7 percent compared with 2.8 percent according to 2007 IDHS, although their knowledge on condoms and MOP (vasectomy) is quite significant, 87 percent and 30.6 percent respectively. The decrease of the male contraceptive use happens in the use of MOP (vasectomy)

(from 0.4 percent based on 2007 IDHS to 0.3 percent based on 2012 IDHS). Meanwhile, the use of condoms as the contraceptive method increases a little to 2.5 percent from 2.4 percent (2007 IDHS).

Meanwhile, if the use of the male traditional FP methods, such as withdrawal and periodic abstinence (rhythm method), is also calculated, the percentage of the use of male FP methods becomes 4.7 percent, although the number decreases from 5.4 percent (2007 IDHS). The use of male traditional FP methods is noted almost 2 percent. The prevalence of male FP participation by using modern FP methods (male sterilization and condoms) is still relatively low if compared with the targets which must be achieved based on the 2004-2009 RPJMN (National Medium Term Development Plan) as much as 4.5 percent among the FP participants.

**Table 4.1. The use of FP methods by men (confession from men)**

The percentage distribution of married men according to the FP methods used and the background characteristics, Indonesia 2012

Background Characteristics	Any method	Any modern method	Modern Methods		Traditional Methods			Non use	Total	The Number of Men
			Condoms	MOP (Vasectomy)	Rhythm	Withdrawal	Others			
<b>Age</b>										
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	28
20-24	0.6	0.4	0.4	0.0	0.0	0.3	0.0	99.4	100.0	345
25-29	3.9	2.6	2.3	0.3	0.1	1.1	0.1	96.1	100.0	1,127
30-34	4.6	2.3	2.3	0.0	0.4	1.7	0.1	95.4	100.0	1,674
35-39	4.9	2.5	2.4	0.1	0.4	1.9	0.0	95.1	100.0	1,775
40-44	5.5	3.3	3.0	0.3	1.1	1.0	0.1	94.5	100.0	1,693
45-49	5.2	2.8	2.8	0.0	0.6	1.4	0.3	94.8	100.0	1,371
50-54	4.6	3.4	2.3	1.1	0.3	0.9	0.0	95.4	100.0	1,292
<b>Living Areas</b>										
Urban areas	6.5	4.1	3.8	0.3	0.7	1.6	0.1	93.5	100.0	4,739
Rural areas	2.7	1.3	1.0	0.2	0.4	1.0	0.1	97.3	100.0	4,567
<b>Education</b>										
No education	1.7	1.1	0.0	1.1	0.1	0.3	0.3	98.3	100.0	265
Some primary	2.3	1.5	0.6	0.9	0.3	0.3	0.2	97.7	100.0	1,371
Completed primary	2.1	0.9	0.8	0.1	0.2	1.0	0.0	97.9	100.0	2,118
Some secondary (SMTA)	3.0	1.8	1.7	0.1	0.3	0.9	0.0	97.0	100.0	1,979
SMTA+	8.2	4.9	4.8	0.2	1.0	2.2	0.1	91.8	100.0	3,572
<b>Work Status</b>										
Not working	2.2	1.8	1.6	0.2	0.0	0.4	0.0	97.8	100.0	303
Working	4.7	2.8	2.5	0.3	0.5	1.4	0.1	95.3	100.0	8,999
<b>The number of the living children</b>										
0	0.9	0.6	0.6	0.0	0.1	0.1	0.0	99.1	100.0	888
1-2	4.1	2.4	2.1	0.3	0.4	1.2	0.0	95.9	100.0	3,935
3-4	6.1	3.7	3.4	0.2	0.6	1.7	0.1	93.9	100.0	3,101
4+	5.3	2.7	2.4	0.3	1.0	1.6	0.1	94.7	100.0	1,382
<b>Wealth quintile</b>										
Lowest	2.6	0.9	0.8	0.1	0.6	0.8	0.2	97.4	100.0	1,596
Middle-low	2.7	1.6	1.2	0.4	0.3	0.6	0.1	97.3	100.0	1,866
Middle	4.0	2.0	1.7	0.3	0.5	1.4	0.0	96.0	100.0	2,008
Middle-high	5.6	3.8	3.5	0.4	0.4	1.3	0.1	94.4	100.0	1,962
Highest	8.1	4.9	4.8	0.1	0.8	2.4	0.0	91.9	100.0	1,875
<b>Total</b>	<b>4.7</b>	<b>2.7</b>	<b>2.5</b>	<b>0.3</b>	<b>0.5</b>	<b>1.3</b>	<b>0.1</b>	<b>95.3</b>	<b>100.0</b>	<b>9,306</b>

\*) asterisk indicates that the estimation is based on the number of cases fewer than 25 and not presented.

The use of FP methods or modern FP methods among men is seen various based on the characteristics of the respondents. The use of male FP shows irregular patterns according to age. The use of modern FP methods is high in the older men with the age of 50-54 years old and 40-44 years old (each 3 percent), while the lowest is the men of 20-24 years old (0.4 percent). If the use of modern contraception is combined with the traditional FP methods, then the highest use of FP methods is found in the men aged 40-45 years old (6 percent) and followed with the men aged 45-49 years old (5 percent). The lowest proportion for the use of FP methods is also found in the men aged 20-24 years old.

The percentage of men using FP methods or modern FP methods is higher found in urban areas than in rural areas. The use of male FP methods in urban areas is noted almost 7 percent, while in rural areas it is 3 percent. Meanwhile, the percentage of the modern FP methods use is 4 percent in urban areas and 1 percent in rural areas respectively.

The use of modern FP methods is observed to start increasing in the men who do not complete secondary school and who complete secondary and higher education, each 2 percent and 5 percent. The same pattern is found in the men using FP methods, each 3 percent among the men who do not complete Primary School and 8 percent in the men who complete secondary and higher education.

Meanwhile, if observed from the main activity done at least one hour for 7 days in a row, it seems that the men who work use FP methods or modern FP methods a lot more. The number of men who work and use modern FP methods is higher than the number of men who do not work, 3 percent and 2 percent respectively. The same pattern is found in the men using FP methods, each 5 percent among the men who work and 2 percent for the men who do not work.

The use of modern FP methods tends to increase in the men who have not had children until they have 3 to 4 children, and it will decrease after the men have more than four children. It is also found in the men using FP methods as the use increases with the increasing number of the children they own. The highest proportion of men using modern FP methods is found in the men having 3 to 4 children. The same pattern is found in the men using FP methods.

Table 4.1 also shows that the higher the wealth index of a man is, the more that he tends to use a FP methods or a modern FP methods. The highest use proportion is found in the men with the highest wealth quintile both for the use of FP methods and for the use of modern FP methods, eight percent and five percent respectively.

If observed from the use of condoms, the number of men using modern FP methods increases along with the increase of the age of the men up to 40-44 years old. This proportion decreases in the men aged 45-49 years old. The men living in the urban areas tend to use condoms a lot more, but for MOP (vasectomy) the tendency is the same between those who live in rural areas and those who live in urban areas.

In the pattern of condom use, it seems that the higher the education of men is, the more use of condoms is found in them. It does not happen the same way with the men using MOP (vasectomy) as it seems to be more various, but the highest number of men using MOP (vasectomy) is found in those men who are not educated. The proportion of men using condoms or MOP (vasectomy) is found more in the men who work.

The number of men using condoms tends to increase in those who have 3 to 4 children and this proportion decreases after they have more than 4 children. Meanwhile, the MOP (vasectomy) use pattern does not seem to be quite clear; the men with MOP (vasectomy) are mostly found in those who have 1 to 2 children and in those who have more than 4 children.

If the condom use is observed from the wealth index, we can see the tendency pattern; the condom use tends to increase along with the increase of the wealth quintile of a man. Meanwhile, the MOP (vasectomy) use pattern is more various, but the men with MOP (vasectomy) are found more in the men in the middle-low wealth quintile group and in the middle-high wealth quintile group (0.4 percent).

## **4.2. The Issues Related to Use of Condoms**

### 4.2.1. Price of Condoms

<b>Table 4.2. Price of Condoms</b>	
Condom price average per package, Indonesia 2012	
	Condom Prices (Rp)
Average	11,715
Median	11,000
Minimum	2,000
Maximum	70,000
<b>The number of men</b>	<b>202</b>

In 2012 IDHS, a question was asked to married men who had heard about condoms and who were at that time using condoms about the condom average price used by them. Table 4.2 shows that the condom average price reached Rp. 11,715 per package.

### 4.2.2. Men's Opinions on the Price of Condoms

In order to discover the opinions of men on the affordability of condom prices in the market, a question was asked to married men on their opinions on condom prices. This is done to provide input to program managers on how the society particularly men can afford condom prices. A set of filtering questions was asked to discover the opinions of men on condom prices. A question to ask about the opinion of men on condom prices was addressed to male respondents both of those who had used condoms and of those who were using condoms, and the question was to find out the condom prices. The opinions of men on condom prices are presented in Table 4.3.

Generally, most men think that the condom prices circulated in the market are affordable prices (72 percent), some think that condom prices are not high (22 percent), and the rest (6 percent) think that condom prices are too high. This shows that basically most men can afford the condom prices in the market.

Based on the age background characteristics, the men who think that condom prices are affordable mostly are those aged 35-39 years old (79 percent), while in other age groups the percentage of those saying condoms are affordable is lower. Meanwhile, the men who think that condom prices are not high are mostly found in the group of men aged 40-44 years old (52 percent).

If observed based on the area characteristics, there is a little opinion difference on affordable condom prices between men living in urban areas and men living in rural areas. Men in rural areas tend to think more that condom prices are affordable (74 percent) than men in urban areas (71 percent). On the contrary, the men who think that condom prices are not high are found more in the men in urban areas (23 percent) than those in rural areas (20 percent). This shows that the existing condom prices in the society are considered affordable, not high, and quite circulated in all areas both in urban areas and in rural areas.

If observed based on the education background, the highest number of men who think that condom prices are affordable is found in the men with relatively high education, which is in those who do not finish High School (74 percent). Meanwhile, the percentage of men who think that condom prices are not high is getting bigger with the increase of the education of the men. In the men who do not finish High School, it is noted 20 percent, while in the men who graduate from High School and higher it is around 22 percent.

**Table 4.3. Opinions on condom prices**

The percentage distribution of married men who have heard about condoms and use condoms according to the opinions on the condom price affordability and the background characteristics, Indonesia 2012

Background Characteristics	Condom Prices			Total	The number of men
	Not high	Affordable	Too high		
<b>Age</b>					
15-19	*	*	*	*	1
20-24	*	*	*	*	23
25-29	15.1	74.4	10.5	100.0	38
30-34	18.2	78.6	3.2	100.0	39
35-39	14.5	79.0	6.5	100.0	45
40-44	52.3	38.6	9.1	100.0	33
45-49	17.4	77.6	5.0	100.0	23
50-54	*	*	*	*	8
<b>Living Areas</b>					
Urban areas	22.5	71.2	6.3	100.0	166
Rural areas	19.8	73.5	6.6	100.0	36
<b>Education</b>					
No education	*	*	*	*	0
Some primary	*	*	*	*	7
Completed primary	*	*	*	*	11
Some secondary (SMTA)	20.0	73.8	6.3	100.0	29
SMTA+	22.1	73.1	4.8	100.0	155
<b>Work Status</b>					
Not working	*	*	*	*	5
Working	20.8	73.0	6.2	100.0	197
<b>The number of the living children</b>					
0	*	*	*	*	1
1-2	23.7	69.8	6.5	100.0	71
3-4	16.2	77.4	6.4	100.0	100
4+	37.8	56.5	5.7	100.0	30
<b>Wealth Quintile</b>					
Lowest	*	*	*	*	11
Middle-low	*	*	*	*	18
Medium	18.2	79.4	2.3	100.0	33
Middle-high	15.8	77.7	6.5	100.0	58
Highest	25.2	71.5	3.3	100.0	82
<b>Total</b>	<b>22.0</b>	<b>71.6</b>	<b>6.3</b>	<b>100.0</b>	<b>202</b>

\*) asterisk indicates that the estimation is based on the number of cases fewer than 25 and not presented.

Furthermore, based on the number of the living children, the highest number of men who think that condom prices are affordable is found in those who have 3 to 4 children (77 percent). The opinion that says that condom prices are low is mostly found from the men who have 4 (four) children or more with the percentage of 38 percent. Meanwhile, most men who think that condom prices are too high are those who have 1 to 2 children, which is 7 percent.

Based on the wealth quintile, the majority of men who think that condom prices are affordable come from the group of men with medium wealth quintile, which is 80 percent. The men who think that condom prices are not high mostly come from the group of men with the highest wealth quintile (25 percent). Meanwhile, the majority of men who think that condom prices are too high come from the group of men with the middle-high wealth quintile (7 percent). Generally, it can be said that condom prices can be afforded by all layers of the society economic condition.

The background characteristics, such as age, the living areas, the education degree, the number of the living children owned, the wealth quintile, seem not to really influence men in obtaining condoms. In general, men have no problems to afford condom prices.

#### 4.2.3. Problems in Using Condoms

In order to increase the male participation particularly in the FP participation, it is necessary to discover the problems experienced by men in relation to the use of male FP methods. The information on those various problems can be used as a reference in increasing the quality of FP service to the community, especially in the aspect of male FP service. Several aspects of problems in relation to the physical quality of condoms are used as input in improving condom quality. Meanwhile, the condom use problems outside the physical quality aspect become input for the program managers in improving the communication, information, and education substances on condoms.

Questions on problems in using condoms were asked to the men who had heard about condoms and used condoms every time they did sexual intercourse. The problems experienced by the men using condoms are presented in Table 4.4.

**Table 4.4. Problems with using condoms**  
The percentage distribution of married men who have heard about condoms and have used condoms based on the problems experienced in using condoms, Indonesia 2012

Problems in using condoms	Percent	The number of men
<b>Problems</b>	<b>20,3</b>	<b>1644</b>
Too expensive	1.1	90
Embarrassed to buy condoms	1.4	113
Difficult to throw condoms away	0.5	40
Difficult to wear condoms	0.5	40
Decreasing sexual desire	0.8	65
Reducing comfort	10.2	826
Wife not liking condoms	0.0	0
Wife becoming pregnant	0.0	0
Not comfortable	4.2	340
Condoms tearing	1.6	130
<b>No problem</b>	<b>79.7</b>	<b>6452</b>
<b>Total</b>	<b>100</b>	<b>8096</b>

The survey result shows that out of 8096 men who have heard about condoms and have used condoms 80 percent of men admitted they do not have problems related to the condoms used, and this number is higher than the result of 2007 IDHS (69 percent). Meanwhile, the rest of 20.3 percent admitted to have problems in using condoms.

Most of the men who have heard and have used condoms said that using condoms reduces comfort (10.2 percent). Besides that, among them there were some admitting that using condoms is felt uncomfortable (6.2 percent). Meanwhile, the rest of the problems, among others, are being too expensive, being embarrassed to buy condoms, being difficult to throw them away, being difficult to wear them, decreasing sexual desire, their wife not liking condoms, their wife becoming pregnant, and the condoms tearing.

#### 4.2.4. Perception on Condoms

Besides discovering various problems experienced by men related to the use of male FP methods, it is necessary to also discover the perception of men on condoms. Various perceptions on condoms which might appear from men can be used as input for program managers in improving communication, information, and education particularly about condoms. This happens considering that various perceptions appearing can also be wrong or not appropriate so that they need to be corrected.

The men who had heard about condoms as FB methods were asked about their opinion on condoms. The opinions of men on condoms are presented in Table 4.5. Generally, among the men who have heard about condoms as FP methods, most of them (78 percent) think that condoms can protect them from diseases. The next opinion is that condoms can reduce the joy in sexual intercourse (54 percent), and condoms are

not comfortable to be used (50 percent). This is parallel with the research results conducted by Michael Flood in his study with the title *“Lust, Trust and Latex: Why Young Heterosexual men do not use condoms”* which states that heterosexual young men do not use condoms with the reason that condoms are hard to wear and they can reduce the joy sensation while having sexual intercourse. On the other hand, based on the research conducted by Yang C, *et al.*, 2010 on *“Peer norms and consistent condom use with female sex workers among male clients in Sichuan province, China”*, they discover that among the men who are pro condoms they are consistent to use condoms while having sex with commercial sex workers. Moreover, the rest of 29 percent of men think that women have no right to suggest men to wear condoms.

The percentage of men who think that condoms can protect them from diseases increases from 55 percent in 2007 IDHS. The same thing happens to the opinion that condoms can reduce the joy in sexual intercourse, condoms are not comfortable to wear, and women have no right to suggest to men to wear condoms; the percentage of men having these opinions also increases compared with 2007 IDHS with 39 percent, 36 percent, and 20 percent respectively. Meanwhile, the percentage of those who still think that condoms can be reused tends to remain the same compared with 2007 IDHS, which is still around three percent.

Based on age characteristics, the men who think that condoms are not comfortable to be used, condoms can protect them from diseases, and condoms can be reused are found mostly in the men aged 15-19 years old with the percentage of 69 percent, 83 percent, and five percent respectively. The same thing happens with the opinion that women have no right to suggest men to wear condoms, and this opinion is mostly found in the men aged 15-19 years old (43 percent). Meanwhile, the men who stated that condoms reduce the joy in sexual intercourse are mostly found in the men aged 40-44 years old (56 percent).

Based on the area characteristics, the men who stated that they agree with several statements on condoms for men are mostly found in the men living in urban areas compared with the men living in rural areas, and the statements are, for example, condoms can reduce the joy in sexual intercourse, condoms are not comfortable to be used, condoms can protect them from diseases, and women have no right to suggest men to wear condoms. The proportion of men who think condoms can reduce the joy in sexual intercourse is mostly found in the men living in urban areas (56 percent) compared with the men in rural areas (50 percent). About being uncomfortable, the percentage of men in urban areas who tend to think that condoms are not comfortable to be used is a little bit more than the percentage of men in rural areas saying the same thing with 52 percent and 48 percent respectively. The same thing happens with the opinion that condoms can protect them from diseases, as the percentage of men in urban areas who stated that is a little bit more than the percentage of men living in rural areas, which is 82 percent compared with 72 percent. The percentage of men who think that women have no right to suggest men to wear condoms is found more in the men living in urban areas (30 percent) than the men living in rural areas (29 percent). Meanwhile, about the opinion stating that condoms can be reused, there is no difference between the men in urban areas and the men in rural areas.

The men who stated that condoms reduce the joy in sexual intercourse and condoms can protect them from diseases are mostly found in those who graduate from High School and higher, with 59 percent and 85 percent respectively. Furthermore, among the men who think that condoms are not comfortable to be used, they are mostly found in the men who do not finish High School (52 percent). Meanwhile, the men who think that women have no right to suggest men to wear condoms are mostly found in the group of men who graduate from Primary School (32 percent). Moreover, the inappropriate opinion that says condoms can be reused is mostly stated by the men who do not go to school (6 percent).

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**Table 4.5. Several statements from married men on using condoms**

The percentage distribution of married men who agree with several statements on using condoms based on the background

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Background Characteristics	Reducing the joy in sexual intercourse	Not being comfortable to be used	Can be reused	Can protect them from diseases	Women having no right to suggest men to wear condoms	The number of men
<b>Age</b>						
15-19	52.6	69.4	5.2	82.6	43.4	28
20-24	54.8	54.1	1.8	78.9	34.6	303
25-29	54.3	52.4	2.7	80.0	30.8	1,014
30-34	54.3	49.9	1.9	79.8	30.4	1,507
35-39	54.7	52.1	2.9	81.3	31.4	1,603
40-44	56.2	49.2	3.0	75.4	27.6	1,476
45-49	51.0	47.5	3.3	74.3	24.7	1,135
50-54	49.3	48.3	3.0	71.8	29.4	1,006
<b>Living Areas</b>						
Urban Areas	56.5	51.8	2.7	82.4	30.0	4,431
Rural Areas	50.2	48.3	2.8	71.6	28.7	3,641
<b>Education</b>						
No education	50.4	49.2	5.8	62.4	25.7	108
Some primary	41.1	43.6	3.2	59.3	26.2	891
Completed primary	50.7	50.7	3.0	72.8	32.4	1,750
Some secondary (SMTA)	52.5	51.8	3.1	77.4	30.3	1,814
SMTA+	59.0	50.8	2.2	85.0	28.4	3,509
<b>Work Status</b>						
Not working	47.4	42.9	2.6	82.3	29.2	249
Working	53.9	50.5	2.7	77.4	29.4	7,818
<b>The number of the living children</b>						
0	49.9	46.1	2.5	80.5	28.2	766
1-2	53.1	50.4	2.5	78.5	31.8	3,484
3-4	56.4	52.6	2.8	78.1	27.5	2,698
4+	51.6	46.7	3.5	71.0	27.7	1,124
<b>Wealth quintile</b>						
Lowest	41.4	40.9	4.5	63.4	27.3	1,121
Middle-low	51.8	52.6	2.4	72.3	32.4	1,509
Medium	53.4	50.8	2.1	79.7	31.3	1,769
Middle-high	55.9	50.8	2.7	80.5	30.6	1,838
Highest	60.8	52.7	2.6	85.4	25.3	1,834
<b>Total</b>	<b>53.7</b>	<b>50.2</b>	<b>2.7</b>	<b>77.5</b>	<b>29.4</b>	<b>8,072</b>

\*) asterisk indicates that the estimation is based on the number of cases fewer than 25 and not presented.

Based on the number of the living children owned, the opinions of men on condoms do not have a certain pattern. The statement that agrees that condoms can protect men from diseases is mostly mentioned by the men who do not have children (81 percent). The majority of men who think that condoms can reduce the joy in sexual intercourse and are not comfortable to be used are mostly found in the men who have 3 to 4 living children (with 56 percent and 53 percent respectively). Moreover, the men who think that women have no right to suggest men to wear condoms are mostly found in the men who have only 1 to 2 children. Furthermore, the men who agree that condoms can be reused can be found equally in all men of both those who have not had children and those who have had many children.

Based on the wealth quintile, the proportion of men who stated that condoms reduce the joy in sexual intercourse, condoms are not comfortable to be used, and condoms can protect them from diseases is mostly found in the men who are in the highest wealth quintile. This is shown with the proportion of 61 percent, 53 percent, and 85 percent respectively. Meanwhile, the statement saying that women have no right to suggest men to wear condoms is mostly mentioned by the men who have the middle-low wealth quintile (32 percent). In addition, the men who agree that condoms can be reused are mostly found in the men with the lowest wealth quintile with the percentage of five percent.

#### 4.2.5. Sexual Intercourse by Giving Rewards and Using Condoms

Condoms have two functions in relation to FP and reproductive health, which are as a FP method and to prevent the transmission of the HIV/AIDS disease. The question about sexual intercourse with rewards and using condoms is meant to discover how far the risky man's sexual behavior is and how is the discipline of a man in using condoms.

Among all the married men, the number of men who reported to have had sexual intercourse by giving a reward such as money is relatively low, although the number shows an increase from around one percent (the result of 2002-2003 IDHS) and 2 percent (the result of 2007 IDHS) to around three percent. Moreover, the number of men who have done that activity in the last 12 months among all men also increases from 0.1 percent (2002-2003 IDHS) and 0.3 percent (2007 IDHS) to two percent. The use of condoms while having sexual intercourse by giving a reward in the last 12 months among all men also increases to one percent from 0.2 percent (2007 IDHS). This shows that there are still men who are not disciplined enough in using condoms when having sexual intercourse in the last 12 months. The description of this condition can be seen in Table 4.6

If the condition is observed based on the background characteristics of men, it seems that the risky sexual intercourse which has been done by men with a reward such as money or an item tends to increase starting from young age men of 20-24 years old up to the men aged 35-39 years old; then it decreases in the men aged 45-49 years old, and the highest proportion is found in the men aged 50-54 years old reaching five percent. The proportion of men who have had risky sexual intercourse is found more in the men in urban areas than in the men in rural areas (four percent compared with three percent). If observed from their education, the men who do not finish High School and who graduate from High School or higher are also seen to have risky sexual intercourse more than their fellows with lower education or who do not go to school. Meanwhile, the men who have had risky sexual intercourse are seen in the men who are not working and it is noted more than two fold than the men who work (six percent compared with three percent). The men who have had risky sexual intercourse are found more in the men who have 4 or more living children compared with the men who have four or fewer children. The men who have had risky sexual intercourse tend to be found almost the same among the men having the middle-low, medium, and middle-high wealth quintile index with each around four percent.

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**Table 4.6. Having sexual intercourse by giving reward**

The percentage of married men who have had sexual intercourse with a reward (money or an item), have had

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sexual intercourse with a reward in the last 12 months, and have used condoms based on the background characteristics, Indonesia, 2012

Background Characteristics	Having done it	Done it in the last 12 months	Using condoms	The number of men
<b>Age</b>				
15-19	*	*	*	28
20-24	2.2	0.6	1.2	345
25-29	2.3	2.3	1.6	1,127
30-34	3.1	1.3	1.7	1,674
35-39	4.4	2.8	2.4	1,775
40-44	2.9	2.3	1.0	1,693
45-49	2.9	1.9	0.8	1,371
50-54	4.8	1.7	0.7	1,292
<b>Living Areas</b>				
Urban Areas	4.0	2,2	1.8	4,739
Rural Areas	2.8	1.9	1.0	4,567
<b>Education</b>				
No education	3.4	0.6	0.0	265
Some primary	2.7	2.4	1.0	1,371
Completed primary	2.7	1.9	0.8	2,118
Some secondary (SMTA)	4.0	2.1	2.0	1,979
SMTA+	3.7	2.0	1.7	3,572
<b>Work Status</b>				
Not working	6.3	1.6	2.3	303
Working	3.3	2.0	1.4	8,998
<b>The number of the living children</b>				
0	2.8	1.4	1.6	888
1-2	3.2	2.0	1.5	3,935
3-4	3.2	2.1	1.1	3,101
4+	4.5	2.3	1.5	1,382
<b>Wealth quintile</b>				
Lowest	3.0	2.3	0.7	1,596
Middle-low	3.5	2.4	1.6	1,865
Medium	3.5	2.3	1.4	2,008
Middle-high	3.6	1.2	1.1	1,962
Highest	3.3	2.0	2.1	1,875
<b>Total</b>	<b>3.4</b>	<b>2.0</b>	<b>1.4</b>	<b>9,306</b>

\*) asterisk indicates that the estimation is based on the number of cases fewer than 25 and not presented.

## 4.3. Issues Related to Male Sterilization

### 4.3.1. Men's Opinions on Sterilization

The consideration to do sterilization requires mature thinking for men to be able to decide to do it. This is based on several considerations that the male sterilization method is a more permanent method so that the possibility is very small to be able to do recanalization. Another consideration is there is a rumor of various negative issues on the side effects of this method. Besides that, there are certain requirements if a man would like to do sterilization, among others: the age cumulative of husband, wife, and children is minimum 100, he does not want anymore children, it is because of health reasons so that he cannot use other contraceptive methods, and of course upon his wife's approval.

The question on whether men have considered doing sterilization was asked to those who had heard about male sterilization. Table 4.7 presents about the considerations to do sterilization among married men who have heard about sterilization. Among all married men, most of them (70 percent) have never heard about male sterilization, and this number decreases compared with the result of 2007 IDHS (71 percent). The condition shows that 30 percent of men admitted that they have heard about male sterilization, and this number is a little bit higher than the result of 2007 IDHS, but it is smaller than the result of IDHS

2002/2003 (31 percent). The high percentage of the men who have not heard about the term ‘male sterilization’ requires the attention of the program managers to promote male FP communication, information, and education particularly male sterilization among men.

Among all men, the percentage of those who have considered doing sterilization is relatively low, which is five percent, and this number is smaller compared with the result of 2007 IDHS (3 percent). Meanwhile, the percentage of those who do not consider doing sterilization decreases to 23 percent from 25 percent (2007 IDHS). The proportion of men who stated that they are not sure whether they will do sterilization increases to 1.2 percent compared with 0.8 (2007 IDHS). The percentage of men who admitted that they have been sterilized decreases to 0.3 percent compared with 0.4 percent (2007 IDHS). Moreover, the percentage of men who admitted that their wives have been sterilized is around 0.6 percent, and this number is the same with the result of 2007 IDHS.

Meanwhile, among the men who have heard about the term ‘male sterilization’, there are 77 percent of men who have never considered doing sterilization and 16 percent of men who have considered doing male sterilization. Furthermore, the percentage of men who are not sure is around four percent, the proportion of men whose wives have been sterilized is almost two percent, and the proportion of men who have been sterilized is around one percent.

It seems that the pattern of the married men who have never heard about male sterilization tends to decrease along with the increase of the age of the men until they are 45-49 years old, and then it increases again in the age group of 50-54 years old. The men who have never heard about male sterilization are found mostly in the men living in rural areas compared with the men living in urban areas. The highest proportion of men who have never heard about male sterilization is found in the men who do not go to school, and then this proportion decreases along with the increase of their education. The men who do not work have heard more about sterilization than the men who work. Meanwhile, the proportion of men who have never heard about sterilization is found more in the men who have not had children; furthermore, this proportion decreases until the men have 3 to 4 children. This number increases again when the men have more than 4 children. The highest proportion of men who have never heard about male sterilization is found in the men who are in the lowest wealth quintile group (87 percent), and this number keeps decreasing along with the increase of the wealth quintile.

Even though the proportion of men who have considered doing sterilization in the future is relatively low, this is seen equal in all age groups, and it is found more in the men who live in urban areas, who have High School education or higher, who have four children or more, and who belong to the highest wealth quintile.

On the other hand, in the group of men who have never considered doing sterilization, the pattern shows that the proportion keeps on increasing when the men are in their 20-24 years old until they are in their 45-49 years old, and then this proportion decreases in the men who are 50-54 years old. There are more men in the urban areas who have never considered doing sterilization compared with those who live in rural areas. The pattern of men who have never considered doing male sterilization tends to increase along with the increase of their education. There is no difference between the proportion of men who work and the proportion of men who do not work towards the confession that they have never considered doing male sterilization. The proportion of men who have never considered doing sterilization tends to increase with the additional number of the children owned until they have 3 to 4 children and then the proportion decreases when the men have more than 4 children. Meanwhile, the proportion of men who have never considered doing male sterilization keeps on increasing with the increase of their wealth quintile.

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**Table 4.7. Sterilization consideration when the number of children is sufficient**

The percentage distribution of married men who have heard about male sterilization on their intention to do sterilization when the number of children is already adequate based on the background characteristics, Indonesia 2012

Background Characteristics	Never heard about sterilization	Having considered it	Never considering it	Not sure	Wife been sterilized	The men been sterilized	Total	The number of men
<b>Age</b>								
15-19	*	*	*	*	*	*	100.0	28
20-24	84.5	1.5	11.7	2.2	0.0	0.0	100.0	345
25-29	79.1	4.2	15.8	0.6	0.0	0.3	100.0	1,127
30-34	72.8	4.5	20.7	1.7	0.2	0.0	100.0	1,674
35-39	67.5	6.8	23.9	1.4	0.4	0.1	100.0	1,775
40-44	65.9	5.3	26.5	1.5	0.7	0.3	100.0	1,693
45-49	64.6	5.1	28.6	0.9	0.8	0.0	100.0	1,371
50-54	71.1	2.2	23.4	0.7	1.4	1.1	100.0	1,292
<b>Living Areas</b>								
Urban Areas	62.1	6.2	28.8	1.8	0.8	0.3	100.0	4,739
Rural Areas	79.0	3.1	16.7	0.6	0.3	0.2	100.0	4,567
<b>Education</b>								
No education	90.9	0.9	6.8	0.3	0.0	1.1	100.0	265
Some primary	88.8	0.9	8.6	0.3	0.3	0.9	100.0	1,371
Completed primary	79.7	2.9	16.3	0.2	0.9	0.1	100.0	2,118
Some secondary (SMTA)	80.1	2.9	16.1	0.7	0.2	0.1	100.0	1,979
SMTA+	50.8	8.5	37.3	2.5	0.7	0.2	100.0	3,572
<b>Work Status</b>								
Not working	73.7	1.0	22.8	0.5	1.9	0.2	100.0	303
Working	70.2	4.8	22.9	1.3	0.5	0.3	100.0	8,999
<b>The number of the living children</b>								
0	75.4	4.7	17.5	2.4	0.0	0.0	100.0	888
1-2	71.5	4.3	22.4	1.3	0.2	0.3	100.0	3,935
3-4	66.6	4.9	26.4	1.0	0.8	0.2	100.0	3,101
4+	72.2	5.3	19.9	1.1	1.3	0.3	100.0	1,382
<b>Wealth quintile</b>								
Lowest	88.6	1.4	9.5	0.3	0.1	0.1	100.0	1,596
Middle-low	80.6	2.2	15.7	0.6	0.5	0.4	100.0	1,866
Medium	75.9	4.8	17.4	1.3	0.4	0.3	100.0	2,008
Middle-high	64.2	6.0	26.9	1.5	1.0	0.4	100.0	1,962
Highest	45.2	8.3	43.3	2.3	0.8	0.1	100.0	1,875
<b>Total</b>	<b>70.4</b>	<b>4.7</b>	<b>22.9</b>	<b>1.2</b>	<b>0.6</b>	<b>0.3</b>	<b>100.0</b>	<b>9,306</b>
The number of men	6,547	435	2,132	115	52	25	100.0	9,306
Percentage among men who have heard about sterilization	-	15.8	77.3	4.2	1.9	0.9	100.0	2,759

\*) asterisk indicates that the estimation is based on the number of cases fewer than 25 and not presented.

### 4.3.2. Men's Opinion on Considering Not Doing Sterilization

The information on the reasons of why someone does not consider doing male sterilization can be used as one of the inputs for communication, information, and education on male sterilization. As elaborated before, there are 77 percent of men who have never considered doing sterilization in the future or 23 percent among all married men. Various reasons have been stated by those men not to consider doing sterilization in the future. The most reason mentioned by the men is other reasons outside the answers provided (8 percent). The number has been followed with the reasons: there are still other FP methods available and there is the possibility of wanting another child (each 5 percent). Furthermore, the next percentage is followed with the men who stated the reason is that sterilization is against religion.

Among the men that will never consider doing male sterilization with the reason that there are still FP methods available, they are found mostly in the men aged 35-39 years old, 40-45 years old, and 45-49 years old (each 7 percent). The proportion of men with that reason seems to be twice more among the men living in urban areas compared with those living in rural areas. It seems that there is an inclination that the proportion of men who stated that reason is getting higher with the increase of their education. Similarly, the proportion of men with that reason is seen to be twice more for the men who work than for

the men who do not work. It is observed that the proportion of men who stated that reason increases with the increase of the number of children owned until they have 3 to 4 children and decreases when the men have more than 4 children. The proportion of men with that reason seems to increase more with the increase of their wealth index.

Furthermore, among the men who will not consider doing male sterilization with the reason of the possibility of wanting to have more children, the proportion varies based on the background characteristics of the men. The percentage of the men who stated that reason keeps increasing starting from the men aged 20-24 years old up to the men aged 30-34 years old, but after those age groups the proportion of men with that reason will show a decrease with the age increase of the men. The proportion of men who stated that reason seems to be found twice more in the men living in urban areas than in the men living in rural areas. The proportion of men who stated that reason is getting bigger with the increase of their education. There is no difference in the proportion of the men stating that reason between those who work and those who do not work. The proportion of men stating that reason tends to keep decreasing along with the more children owned by the men. In the proportion of men stating that reason based on their wealth quintile, it is observed that the proportion of men stating that reason tends to increase with the increase of their wealth index.

Another reason stated by men not to consider doing sterilization in the future is that it is against religious teachings. This reason quite varies based on the background characteristics of men. If observed from the age of men, it does not seem to show a pattern of tendency, but it seems that the proportion of men who stated that reason in a big number is found in the men aged 30-34 years old, 40-44 years old, and 45-49 years old with each around 4 percent. This reason is stated twice more by the men living in urban areas than the men living in rural areas. The highest proportion of men stating that reason is found in the men who graduate from High School and the proportion is twice more among the men who work than the men who do not work. The proportion of men who stated that reason is found mostly in the men having 1 to 2 children and more than four children, each around 4 percent. If observed from the wealth quintile of the men, it seems there is a tendency that the proportion increases starting from the men with the medium wealth quintile to the highest wealth quintile.

**Table 4.8. Reasons of never considering sterilization**

The percentage of married men who never consider doing sterilization based on the reasons and the background characteristics, Indonesia 2012

Background characteristics	Against religious	Not good for	Unsafe surgery	Still available	Possibility of	Possibility of getting	Costs	Losing sexual	Wife disagreeing	Others	The number
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	teachings	health	other FP methods	wanting more children	remarried	function				of men
<b>Age</b>										
15-19	*	*	*	*	*	*	*	*	*	28
20-24	3.7	0.1	0.6	0.9	2.7	0.3	0.1	0.8	0.0	5.7
25-29	2.4	2.0	0.4	3.6	5.1	0.0	0.0	0.9	0.2	4.1
30-34	4.0	1.9	0.6	4.3	7.2	0.2	0.5	1.9	0.2	6.1
35-39	3.3	1.8	0.8	6.5	6.4	0.0	0.3	0.7	0.6	8.3
40-44	3.9	2.7	1.4	6.5	5.2	0.1	0.5	1.1	1.2	9.4
45-49	3.6	5.6	0.6	6.9	3.4	0.3	0.3	2.3	1.0	10.2
50-54	2.9	1.9	0.5	5.2	2.8	0.2	0.0	0.7	1.4	10.4
<b>Living Areas</b>										
Urban Areas	4.9	2.8	0.8	7.8	6.7	0.2	0.3	1.4	0.9	9.7
Rural Areas	1.9	2.2	0.6	3.0	3.4	0.1	0.3	1.2	0.6	6.4
<b>Education</b>										
No education	1.4	0.6	0.0	0.7	0.2	0.0	0.0	1.5	0.0	2.9
Some primary	0.1	1.7	0.2	0.9	0.8	0.0	0.3	0.8	0.7	3.8
Completed primary	1.1	2.4	0.3	2.3	2.7	0.0	0.3	1.1	0.6	7.1
Some secondary (SMTA)	1.8	1.8	0.7	3.3	4.3	0.3	0.4	1.0	0.3	5.0
SMTA+	7.3	3.5	1.2	10.8	9.1	0.3	0.3	1.7	1.1	12.6
<b>Work status</b>										
Not working	2.0	5.2	1.0	3.3	4.8	0.0	0.0	1.6	0.7	7.5
Working	3.4	2.4	0.7	5.5	5.1	0.2	0.3	1.3	0.7	8.1
<b>The number of the living children</b>										
0	2.4	1.6	0.5	2.1	8.4	0.1	0.0	1.5	0.3	5.2
1-2	3.8	2.4	0.7	5.5	5.7	0.1	0.2	1.1	0.5	7.1
3-4	3.0	3.2	0.9	6.4	4.7	0.1	0.6	1.6	1.1	9.6
4+	3.8	1.9	0.4	4.8	1.7	0.6	0.1	0.9	0.9	9.0
<b>Wealth quintile</b>										
Lowest	1.2	1.3	0.2	1.8	2.0	0.1	0.3	0.7	0.4	3.3
Middle-low	2.0	1.5	0.5	2.1	3.1	0.0	0.2	1.7	1.0	6.3
Medium	1.9	3.3	0.6	3.4	4.4	0.1	0.1	0.8	0.4	5.7
Middle-high	3.7	2.1	0.9	7.3	5.5	0.3	0.5	1.6	0.7	9.8
Highest	8.3	4.3	1.4	12.4	10.4	0.3	0.4	1.6	1.2	14.9
<b>Total</b>	<b>3.4</b>	<b>2.5</b>	<b>0.7</b>	<b>5.4</b>	<b>5.1</b>	<b>0.2</b>	<b>0.3</b>	<b>1.3</b>	<b>0.7</b>	<b>8.0</b>

\*) asterisk indicates that the estimation is based on the number of cases fewer than 25 and not presented.

### 4.3.3. Opinions on the Benefits of Male Sterilization

Various efforts are conducted to increase male participation in the use of FP methods, and one of the efforts is to improve the materials of male FP communication, information, and education. One of the ways carried out in order to improve the materials of male FP communication, information, and education is by digging out the opinions of men on the benefits of male sterilization. The opinions are stated by the men who do not consider doing sterilization and the number of the men is 2,132 people or 77 percent out of the men who have heard about male sterilization (see Table 4.7). Furthermore, the opinions of men on male sterilization are presented in Table 4.9.

Generally, the most reason stated by men who will consider doing sterilization among the men who have heard about sterilization is that men feel safe with the proportion of 54 percent, which is higher than the result of 2007 IDHS (39 percent). The next reason is that sterilization is as an effective method (22 percent). There are around 5 percent of men who consider doing sterilization with the reason that it is freedom for men. Moreover, other reasons given by the men who will consider male sterilization with the almost similar proportion are: safe surgery, safer than MOW (Female Medical Surgery/Tubectomy), not expensive, and simpler (each 2 percent).

**Table 4.9. The opinions on male sterilization**

The percentage of married men who will consider doing sterilization based on the reasons and the background characteristics, Indonesia 2012

Background characteristics	Men feeling safe	Effective Method	Safe surgery	Safer than MOW	Not expen	Cheaper than MOW	Simpler	Freedom for men	Others	The number of
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	(Tubectomy)	sive	(Tubectomy)							men
<b>Age</b>										
20-24	*	*	*	*	*	-	*	*	*	5
25-29	60.7	19.6	1.7	1.2	-	-	1.1	3.2	34.9	47
30-34	57.7	14.5	0.0	1.4	1.6	-	3.7	8.3	35.7	75
35-39	50.8	19.5	4.3	3.3	4.3	-	-	1.1	33.0	120
40-44	55.8	27.0	-	3.6	-	-	-	6.9	34.1	89
45-49	59.2	16.4	5.9	-	-	-	5.3	7.7	31.7	70
50-54	37.4	48.8	-	-	-	-	0.0	3.0	39.2	29
<b>Living Areas</b>										
Urban Areas	53.1	18.8	3.4	2.9	3.3	-	2.4	4.0	36.0	292
Rural Areas	57.0	28.1	0.2	0.3	0.5	-	0.6	7.7	29.0	143
<b>Education</b>										
No education	*	*	*	*	*	-	*	*	*	2
Some primary	*	*	*	*	*	-	*	*	*	13
Completed primary	54.4	15.0	0.8	-	6.4	-	4.6	2.3	24.9	60
Some secondary (SMTA)	47.5	40.4	6.6	0.4	1.4	-	-	10.8	33.7	57
SMTA+	56.1	20.2	1.9	2.6	1.9	-	1.7	4.9	35.4	303
<b>Work status</b>										
Not working	*	*	*	*	*	-	*	*	*	3
Working	54.4	21.7	2.3	2.0	2.4	-	1.8	5.3	33.6	432
<b>The number of the living children</b>										
0	61.6	12.3	9.8	6.4	*	-	8.0	2.7	38.9	42
1-2	54.0	27.6	1.0	1.5	0.7	-	0.5	9.0	32.8	169
3-4	56.2	15.9	0.4	1.9	1.2	-	-	3.4	37.4	152
4+	47.4	26.8	5.2	0.8	10.4	-	5.1	1.8	25.0	73
<b>Wealth quintile</b>										
Lowest	*	*	*	*	*	-	*	*	*	22
Middle-low	33.0	34.0	10.1	-	-	-	2.1	8.5	37.4	42
Medium	60.5	10.1	0.0	1.1	4.0	-	0.0	1.0	37.0	97
Middle-high	60.1	22.9	0.7	3.0	1.1	-	2.4	10.0	32.2	119
Highest	54.5	23.3	3.3	2.5	3.4	-	2.7	2.9	32.9	156
<b>Total</b>	<b>54.4</b>	<b>21.9</b>	<b>2.3</b>	<b>2.0</b>	<b>2.4</b>	<b>-</b>	<b>1.8</b>	<b>5.2</b>	<b>33.7</b>	<b>435</b>

\*) asterisk indicates that the estimation is based on the number of cases fewer than 25 and not presented.

The reasons of the men considering doing male sterilization quite vary based on age, a living area, education, work status, the number of the children owned, and the wealth quintile. The reasons that say male sterilization makes men feel safe, sterilization is an effective method, sterilization is safe, sterilization is not an expensive surgery, and sterilization provides freedom for men show the irregular pattern based on the age of men. However, the highest proportion of men stating that sterilization is an effective method is found in the older men aged 50-54 years old (49 percent). Moreover, the biggest proportion of men stating that they feel safe with sterilization is found in the younger men, who are at the age of 30-34 years old and at the age of 45-49 years old (58 percent and 59 percent respectively). Meanwhile, the proportion of men stating that male sterilization is safer than MOW (tubectomy) tends to increase with the increase of the age of the men.

Various opinions on the benefits of male sterilization in general vary a little based on a living area. The proportion of men who think that sterilization makes men feel safer is found more in the men living in rural areas than in the men living in urban areas (57 percent compared with 53 percent). Similarly, the proportion of men stating that sterilization is an effective method is found more in the men living in rural areas (28 percent) than in the men living in urban areas (19 percent). The same description is found also among the men stating that male sterilization is freedom for men and this is stated by the men living in rural areas twice more than the men living in urban areas.

On the contrary, the reasons saying that male sterilization is a safe surgery, male sterilization is safer than MOW (tubectomy), male sterilization is considered not expensive, and male sterilization is simpler are stated more by the men living in urban areas than by the men living in rural areas.

The most of men who think that they feel safer to do sterilization are the men with high education, graduating from High School and higher. Meanwhile, the proportion of men who consider that male sterilization is an effective method, the surgery is safe, and sterilization is freedom for men is found more

in the men who do not finish High School. Meanwhile, the proportion of men saying that male sterilization is not expensive and sterilization is simpler seems to be found more in the men with lower education, which is some primary. Moreover, the proportion of men admitting that male sterilization is safer than MOW (tubectomy) is found the most in the men with high education, who graduate from High School. In general, the men who think that sterilization is an effective method, the surgery is safe, male sterilization is safer than MOW (tubectomy), and sterilization is not expensive are the men who work.

The opinions on the benefits of male sterilization seem to vary based on the number of the living children owned. The proportion of men that think that the men doing sterilization feel safer seems to be found the most in the men who have not had children, followed with the men having 3 to 4 children. The same pattern is found in the men stating that male sterilization is safer than MOW (tubectomy). The proportion of men that think that sterilization is an effective method is mostly found in the men having 1 to 2 children, followed with the men having more children, which is more than 4 children. The highest proportion of men that think that the surgery is safer is found in the men who have not had children, and then it tends to decrease in the men having more children. Furthermore, the number increases in the men who have more than 4 children. The same pattern is found in the men who think that male sterilization is simpler. The highest proportion of men stating that male sterilization is freedom for men is found in the men having 1 to 2 children, and it tends to decrease more with the increase of the number of their children.

The opinions of men on male sterilization based on their wealth quintile index show a variety of patterns. The proportion of men that think that they feel safe doing sterilization is mostly found in the men having the medium wealth quintile and the middle-high wealth quintile, and then it decreases when men are in the highest wealth quintile. Meanwhile, the proportion of men stating that the surgery is safe is mostly found in the men in the middle-low wealth quintile group. The proportion of men that think that male sterilization is safer than MOW (tubectomy) is mostly found in the men with the middle-high wealth quintile. The men who think that male sterilization is freedom for men are also mostly found in the men with the middle-high wealth quintile.

# The Intention to Have Children

## Key Findings

- Around 41 percent of married men who have had two children still want to add more children.
- Around 58 percent of the married women who have had two children do not want to add more children.
- The need of FP for men which is not fulfilled is 6.2 percent. Around 3.6 percent, among others, aims to space out births and another 2.6 percent is to limit births.
- The average of the ideal number of children that the married men want is around 2.8; it is a little lower than the result of SDKI in 2007, which is 3.0.
- There is a reverse correlation between the education level and the ideal number of children. The higher the education degree, the lower the average ideal number of their children is.
- The average of the ideal number of children has a reverse correlation pattern towards the wealth index; the higher the level of the wealth status index, the lower is the average of the ideal number of children wanted.

This chapter discusses the participation of married men on the FP program related to the intention of adding children, the need of the family planning service of married men, the ideal number of children, and the unmet need of married men. The information was obtained by asking whether the wives still want to have more children according to the size of the family with the number of children according to their intention or more than what the husbands want. Besides that, commitment and communication between couples on the use of contraceptive methods were asked.

So far the FP contribution is only made by women, while the birth control power and decision lie in the men who have not shown real participation. The male FP participation contribution, particularly in MOP (male medical surgery/vasectomy), is still low and requires communication, information, and education, and concern and support of the husbands related to fertility. The approval of the husbands is related to how is the communication about family planning with their spouses. The less educated women depend more on their husbands' support to use FP than the women with high education. The family planning program so far has made women as subjects so that women experience double suffering. Besides giving birth to children, women also play a role in the birth control through the use of modern or traditional contraceptive devices or methods.

However, after the ICPD in Cairo in 1994 brought up the issues of gender equality and reproduction rights, this became the turning point momentum for men to be actively involved in the fertility control. It is time for men to participate to arrange the number of children and grow the need related to FP service for men.

## 5.1. The Intention to Add More Children

Most respondents want to have children. The percentage of married men who do not want to have children is small, and there are spouses/wives who suffer from infertility. Table 5.1 presents the intention to have children based on the number of the living children of men and women who are married. Around 47 percent of married men decided to add more children, around 16 percent among that percentage want to have children soon, and around 25 percent want to add more children later. Less than a half (44 percent) stated that they do not want to add more children.

**Table 5.1. The intention to have children based on the number of the living children**

The percentage distribution of married men and women based on their intention to have children and the number of the living children, Indonesia, 2012.

The intention to have children	The number of the living children <sup>1</sup>							Total
	0	1	2	3	4	5	6+	
<b>MARRIED MEN<sup>5</sup></b>								
Wanting to have children soon <sup>2</sup>	76.8	24.0	8.4	5.2	3.1	2.5	2.8	15.1
Wanting to have children later <sup>3</sup>	8.5	54.6	20.1	10.1	6.7	5.4	3.1	24.9
Wanting to have children, not yet deciding	7.9	8.4	6.6	5.2	4.8	3.1	2.0	6.5
Not yet deciding	1.8	3.7	9.8	8.1	5.9	5.3	6.4	6.7
Not wanting to have children anymore	0.7	8.5	53.4	68.8	75.1	80.1	77.9	44.4
Being sterilized <sup>4</sup>	0.0	0.0	0.3	1.2	1.3	1.4	3.2	0.6
Unable to be pregnant anymore	3.8	0.5	0.8	1.1	2.1	1.8	3.4	1.2
Not answering	0.1	0.1	0.5	0.2	0.3	0.0	0.7	0.3
Total	99.5	99.9	99.7	99.8	99.4	99.6	99.5	99.7
The number of men	525	2,579	3,030	1,766	793	337	276	9,306
<b>MARRIED WOMEN</b>								
Wanting to have children soon <sup>2</sup>	83.9	22.8	6.8	3.5	2.2	0.8	0.8	14.6
Wanting to have children later <sup>3</sup>	4.3	53.0	18.6	7.7	5.0	2.7	1.4	23.4
Wanting to have children, not yet deciding	5.7	8.9	5.7	2.8	1.9	1.3	1.5	5.5
Not yet deciding	0.8	3.6	6.7	4.0	5.1	4.6	5.4	4.8
Not wanting to have children anymore	2.7	10.6	58.2	73.0	73.3	82.2	80.0	46.8
Being sterilized <sup>4</sup>	0.1	0.1	2.3	7.2	10.0	5.9	8.1	3.4
Unable to be pregnant anymore	2.3	0.7	0.8	1.1	1.9	1.5	1.9	1.1
Not answering	0.2	0.3	0.8	0.6	0.5	0.9	0.8	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
The number of women	1,989	9,444	11,192	6,173	2,609	1,115	943	33,465

na= not applicable

<sup>1</sup> Including the child that is still in the womb

<sup>2</sup> Wanting to have children in another 2 years

<sup>3</sup> Wanting to delay the birth of the next child in another 2 years or more

<sup>4</sup> Including the women and men who have been sterilized

<sup>5</sup> Including the child that is still in the womb if the wife of the respondent is pregnant.

Among the married men who have had 2 children, around 53 percent stated that they do not want to have more children. This is not far different from the married women who have had 2 children where the percentage is around 58 percent.

The men who want children in the time period of two years or more are found the most in those who just have one child (52 percent), and the proportion of them tends to be less in those who have had two or more living children. On the contrary, the proportion of men who do not want to have more children tends to increase more along with the increase of the living children owned.

Table 5.2 shows the percentage of the married men who do not want to have more children based on the number of the living children and the background characteristics. The pattern shows that the more children there are, the more percentage of those men who do not want to have more children. The concrete change happens when a man has 2 children and the percentage of not wanting to have children is around 67 percent. After they have 3 to 6+ children, the percentage increase pattern is not obvious.

Seeing the characteristics of married men based on their living areas shows the differences between those who live in urban areas and those who live in rural areas. The percentage of married men who do not want to have children anymore in urban areas (56 percent) is bigger than the percentage of married men in rural areas (51 percent). The percentage of those who have three children or more and who do not want to have children anymore in urban areas (85 percent) is bigger than the percentage of those who live in rural areas (75 percent).

The proportion of the married men who do not want to have children anymore based on their education background is mostly found in those who do not go to school around 72 percent. The tendency pattern shows that the higher the education, the lower is the intention of men to add more children. What should happen is the

higher the education is, the more chance for them not to want to have children anymore. This happens because the accessibility of information on FP and reproductive health is bigger to be obtained by those with high education than those with low education.

**Table 5.2. The intention not to have children anymore**

The percentage distribution of married men who do not want to have children (anymore) based on the number of the living children and the background characteristics, Indonesia 2012

Background characteristics	The number of the living children <sup>1</sup>							Total
	0	1	2	3	4	5	6+	
<b>Age</b>								
15-19	*	*	*	*	*	*	*	
20-24	5.7	8.9	*	*	*	*	*	8.9
25-29	4.6	9.1	47.1	*	*	*	*	15.4
30-34	1.6	11.2	53.1	60.8	72.2	*	*	30.5
35-39	8.5	18.0	61.2	71.9	73.6	79.8	72.9	50.4
40-44	4.6	25.4	71.8	79.1	74.3	90.9	81.9	6.6
45-49	16.7	53.6	78.9	85.7	90.8	88.6	89.2	79.0
50-54	8.1	77.8	86.7	92.2	89.7	89.2	89.8	88.1
<b>Living Areas</b>								
Urban Areas	5.9	19.3	69.7	84.7	86.1	92.9	91.9	55.8
Rural Areas	4.9	16.2	62.6	75.3	80.4	83.7	85.7	51.1
<b>Education</b>								
No education	12.6	35.6	75.9	86.2	82.8	85.6	87.8	71.9
Some primary	4.7	36.0	69.5	77.3	83.9	85.6	88.1	67.4
Completed primary	6.1	19.5	68.0	79.0	84.9	95.0	85.1	56.9
Some secondary (SMTA)	5.5	16.9	61.2	78.2	79.6	83.2	89.1	47.2
SMTA+	5.0	12.8	66.8	82.4	83.1	85.4	88.7	48.2
<b>Wealth quintile</b>								
The lowest	8.0	21.2	55.8	71.2	72.8	82.2	83.1	50.7
Middle-low	1.7	18.1	64.8	77.2	88.5	87.5	86.0	52.0
Medium	10.5	15.0	68.5	81.1	82.7	87.6	90.2	53.3
Middle-high	1.3	16.9	69.2	83.3	86.7	88.8	97.6	53.0
The highest	5.7	19.2	68.9	85.8	86.8	97.2	94.4	57.9
<b>Total</b>	<b>5.4</b>	<b>17.8</b>	<b>66.5</b>	<b>80.0</b>	<b>83.2</b>	<b>87.6</b>	<b>87.7</b>	<b>53.3</b>

\* The estimation is based on the number of cases fewer than 25 and not presented.

The higher the wealth quintile is, the higher of the intention of married men to no longer add more children. Table 5.2 can show that married men living in urban areas with low education and the high wealth quintile have a big chance to no longer want to have more children.

## 5.2. The Need of Family Planning (FP) Services

Participation of family planning (FP) after the conference of ICPD in 1994 in Cairo is not only for married women, but the need of FP service also involves the participation of married men. The term 'unmet need' can happen for the male FP service. The definition of male unmet need is the percentage of FP service for married men which is not fulfilled where the number is obtained from the percentage of married men who no longer want to have more children or would like to space out the following birth but are not using contraceptive methods. The benefit of discovering the unmet need is to measure how far the FP service has been able to fulfill the need, the planning in improving FP service particularly the participation of married men, and the planning of information, education and communication materials for the unmet need group.

The unmet need for married men is obtained from calculating both husband and wife who do not use contraception, although the husband does not want to have children anymore or would like to space out the pregnancy and the husband wants to use a contraceptive method in the future; moreover, it is from a couple, a husband and a wife where the wife uses a contraceptive method, while the husband does not use

contraception, although the husband does not want to have children anymore or would like to space out the pregnancy and would like to use a contraceptive method in the future.

**Table 5.3. The intention to obtain FP service among married men**

The percentage of married men who require FP service which is unmet based on the background characteristics, Indonesia 2012

Background Characteristics	Husband and Wife not using FP		Husband not using FP, Wife using FP		The unmet need of husbands for FP				The number of men
	Husband would like to space out births and husband wants to use FP	Husband would like to limit births and husband wants to use FP	Husband would like to space out births and husband wants to use FP	Husband would like to limit births and husband wants to use FP	To space out births	To limit births	Total	Others	
<b>Age group</b>									
15-19	2.2	1.3	2.5	0.4	4.7	1.7	6.4	93.6	28
20-24	2.1	2.0	4.4	2.3	6.6	4.3	10.9	81.1	350
25-29	2.9	3.8	5.7	0.9	8.6	4.7	13.3	86.7	1,133
30-34	2.0	3.7	3.1	0.4	5.1	4.1	9.2	90.8	1,674
35-39	1.3	2.6	2.0	0.0	3.3	2.6	5.9	94.1	1,769
40-44	1.1	2.1	0.6	0.3	1.7	2.5	4.2	95.8	1,697
45-49	0.3	0.9	0.1	0.0	0.4	0.9	1.3	98.7	1,366
50-54	0.1	0.0	0.0	0.0	0.1	0.0	0.2	99.8	1,289
<b>Living Areas</b>									
Urban Areas	1.3	1.9	2.2	0.3	3.5	2.2	5.7	94.3	4,739
Rural Areas	1.4	2.5	2.4	0.4	3.8	2.9	6.7	93.3	4,567
<b>Education *)</b>									
No education	2.3	3.0	2.4	0.2	4.8	3.2	8.0	92.0	1,596
Some primary	0.4	2.4	2.2	0.7	2.6	3.1	5.7	94.3	1,866
Completed primary	1.5	2.3	2.0	0.4	3.5	2.7	6.2	93.8	2,008
Some secondary (SMTA)	1.2	2.0	2.6	0.2	3.8	2.2	6.0	94.0	1,962
SMTA+	1.4	1.5	2.3	0.2	3.7	1.7	5.4	94.6	1,875
<b>Wealth quintile</b>									
Lowest	1.1	0.2	0.8	0.0	1.9	0.2	2.1	97.9	265
Middle-low	1.0	1.4	0.6	0.1	1.6	1.5	3.2	96.8	1,371
Medium	0.8	2.5	2.2	0.5	3.0	3.0	6.0	94.0	2,118
Middle-high	1.2	2.9	1.8	0.7	2.9	3.6	6.5	93.5	1,979
Highest	1.8	2.2	3.5	0.1	5.3	2.3	7.6	92.4	3,572
<b>Total</b>	<b>1.3</b>	<b>2.2</b>	<b>2.3</b>	<b>0.3</b>	<b>3.6</b>	<b>2.6</b>	<b>6.2</b>	<b>93.8</b>	<b>9,306</b>

Table 5.3 shows the percentage of married men requiring FP service but not met by answering the question on the use of contraceptive methods both by the men and by their spouses; besides that, they were also asked about their intention to add more children and their intention to use contraception in the future to space out or end the fertility of their wives. The result is around 6.2 percent of husbands stating that they want their wives to delay the pregnancy, do not want to have children anymore, and would like to use FP methods. Around 3.6 percent of the men stated that they would like to use FP in the future to space out births and around 2.6 percent stated that they would like to use FP in order to end pregnancy.

The percentage of FP need for husbands which is not met is higher in married men at the age of 25–29 years old (13.3 percent). If compared with the result of IDHS in 2007, there is a shift of the peak point of the male unmet need, which was previously in the age group of 20-24 years old (8.4 percent). The decrease of the percentage is parallel with the increase of the age of the men.

There is a big change happening in the percentage of the unmet need based on living areas. 2007 IDHS shows that the amount of the unmet need of the men in urban areas is around 6.2 percent compared with the amount of the unmet need of the men living in rural areas (4.8 percent). The result of 2012 IDHS is on the contrary; the biggest percentage of the unmet need is found in the men living in rural areas (6.7 percent) compared with the men in urban areas (5.7 percent).

Based on the education characteristic of the married men, it shows that the highest percentage of the unmet husband FP need is found in those who do not go to school (8 percent). On the contrary, the percentage in those who have high education tends to be low (5.4 percent).

There is a pattern in the married men based on the wealth index, which is the higher the wealth quintile, the higher is the percentage of the husbands who require FP service in the future. In the lowest wealth quintile, it is around 2.1 percent, and it increases up to the highest wealth quintile with 7.6 percent.

### 5.3. The Ideal Number of Children

One of the questions in IDHS on the opinions of the husbands who have already had living children or who have not had any children is about how many children they want to have in the future. This question is asking about perception, although the answer might be different from the reality. The purpose of this question is to discover how many children they want until it is the end of the reproduction period of their spouses; if the number of children wanted is a lot, it certainly has an impact to the high fertility level.

Table 5.4 shows the ideal number of children around 2.8 decreases or is lower than the result of 2007 IDHS around 3.0. Even though there is a decrease, this result describes the still high demand of having children, and it is still far from the number expected from the government, which is 2.1. The idea number of children is still above the number of TFR showing that the family in Indonesia still wants a big family. Nevertheless, the size of the family is not as big as the size of the previous parent family that has up to two-digit number of children. The family concept with 2 children is understood quite well by the husbands around 52 percent. The ideal concept of one child in family according to the husbands is the non-ideal concept so that the percentage is small only 1.3 percent.

**Table 5.4. The number of children wanted**

The percentage distribution of married men based on the number of children wanted, and the average ideal number of children based on the number of the living children, Indonesia 2012

The number of children wanted	The number of the living children <sup>1</sup>							Total
	0	1	2	3	4	5	6+	
0	0.6	0.1	0.3	0.9	0.5	0.8	0.6	0.4
1	2.7	2.0	1.1	0.6	0.4	0.8	0.8	1.3
2	59.4	62.8	58.9	37.8	24.0	23.1	16.5	52.0
3	22.8	23.6	21.7	35.4	16.7	12.6	16.5	24.0
4	11.7	7.2	12.7	17.4	34.7	20.4	16.5	13.8
5	0.8	2.9	3.8	4.7	15.3	26.0	6.2	5.0
6+	1.8	1.5	1.5	3.2	8.4	16.3	42.9	3.6
The average ideal number of children	2.5	2.5	2.6	3.0	3.7	4.1	5.2	2.8
The number of men	692	2,408	2,718	1,410	620	238	164	8,250

<sup>1</sup> Including the wife's pregnancy during the survey

In general, between the intention and the number of the living children, those have a reciprocal correlation. The family who have a few children tend to want to have a few children. In contrast, if the family real condition has many children, the husbands in answering the question on how many children they want of course answered they want to have many children. It can be seen in Table 5.4 that the husbands who have already had 6+ living children answered that 6+ children are the ideal number and the percentage is around 43 percent. Between the husbands who have not had children and those who have one or two children, the percentage is almost the same 60 percent wanting a few children (2 children).

**Table 5.5. The average ideal number of children**

The average ideal number of children for all married men, based on age and background characteristics, Indonesia 2012

Background characteristics	Age of the men								Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	
<b>Living Areas</b>									
Urban Areas	2.4	2.4	2.6	2.7	2.7	2.8	2.7	3.0	2.7
Rural Areas	2.6	2.6	2.8	2.8	2.8	3.0	3.2	3.4	3.0
<b>Education</b>									
No education		3.0	3.7	3.5	3.1	3.3	3.5	3.4	3.4
Some primary	2.0	2.4	3.3	3.2	3.0	3.0	3.4	3.3	3.2
Completed primary	3.3	2.9	2.6	2.8	2.7	2.8	2.8	3.0	2.8
Some secondary (SMTA)	2.5	2.5	2.6	2.6	2.7	3.0	2.8	3.4	2.8
SMTA+	2.6	2.4	2.7	2.7	2.7	2.7	2.7	3.1	2.7
<b>Wealth quintile</b>									
Lowest	2.8	2.6	3.2	3.1	3.2	3.3	3.3	4.3	3.3
Middle-low	2.2	2.6	2.5	2.7	2.7	3.0	3.0	3.2	2.8
Medium	2.2	2.4	2.5	2.7	2.7	2.8	3.0	3.1	2.8
Middle-high	2.4	2.3	2.5	2.6	2.6	2.8	2.7	3.0	2.7
Highest	2.0	2.7	2.7	2.8	2.7	2.6	2.7	3.0	2.7
<b>Total</b>	<b>2.5</b>	<b>2.5</b>	<b>2.7</b>	<b>2.8</b>	<b>2.8</b>	<b>2.9</b>	<b>2.9</b>	<b>3.2</b>	<b>2.8</b>

Table 5.5 shows the average ideal number of children of married men based on age and background characteristics. As the previous survey, the average ideal number of children of the married men living in rural areas has a higher percentage than that of the married men living in urban areas, which is 3 compared to 2.7, while in 2007 the comparison was 3.1 to 2.9. Between the one in urban areas and in rural areas during the two-time survey, there is a decrease of the average ideal number of children with a small percentage. If we pay attention, in the age group of 40-44 years old the average number of children in rural areas is around 3.0, while in urban areas the average ideal number of children of the age group of 50-54 years old is 3 compared with the result of 2007 IDHS where the ideal number 3 belongs to the age group of 30-34 years old in rural areas and 45-49 years old in urban areas. Thus, it can be explained that there is a shift of the ideal number of children in those age groups. In the upcoming IDHS, it is possible that the ideal number of children in urban areas will not be 3. Moreover, in rural areas in the next 2-time survey the ideal number of children under 3 will not be found.

The education degree has a positive influence to the ideal number of children; the higher the education, the lower is the average ideal number of their children. The average ideal number of children of the husbands who do not go to school and who do not finish Primary School is 3.4 and 3.2 respectively. Moreover, for the men with high education, the average ideal number of children is small, 2.8 for those who do not complete secondary education and 2.7 for those who study at secondary and higher (SMTA+) education.

If observed based on the wealth quintile, the perception of men on the average ideal number of children has a negative correlation; the higher their wealth quintile index is, the lower the average ideal number of children wanted.

## 5.4. The Unplanned and Unexpected Birth

The unplanned and unexpected birth is closely related to the unwanted pregnancy. The unwanted pregnancy is an important issue in a developing country like Indonesia because it is closely related to the social and health problems. One of the consequences of the unwanted pregnancy is the increase of risky abortion happening (Bankole *et al.*, 2006).

In 2012 IDHS, the male respondents were interviewed with a set of questions on the child that was in the womb of the wife while the interview was being carried out. This is to determine whether the pregnancy

was wanted at that time, in the future (after the time period of 2 years), or not really wanted at all. The answers to these questions will be able to provide a strong description in the success of birth control. Besides that, the information obtained can also be used to measure the influence of the unwanted birth prevention towards fertility.

The questions on birth planning in 2012 IDHS are not easily answered because the male respondents are asked to answer whether they would like to have more children or do not want to have more children. For example, the pregnancy which was first unexpected turns out to produce a child that the parents can be so proud of. Regardless the problems of the understanding, memorizing, and honesty of the respondents, the results of the previous survey prove that the answers of the respondents can be trusted. The respondents turned out to be willing to state the unwanted pregnancy, although their perspective changes after the child is born. This can cause the low fertility which is actually not wanted.

Table 5.6 presents the percentage distribution of the men's intention on the pregnancy planning status based on background characteristics. Fourteen percent among the men whose wives are pregnant actually do not want to have children anymore, 86 percent still want more children, where around 59 percent want to have children soon and 26 percent want to have children later.

<b>Table 5.6. The birth planning status (according to husbands)</b>					
The percentage distribution of married men based on birth planning (the child still in the womb of the wife) and background characteristics, Indonesia 2012					
Background characteristics	Soon	Later	Not wanting anymore	Total	The number of men
<b>Child order</b>					
1	61.2	25.7	13.1	100.0	206
2	57.5	27.4	15.1	100.0	212
3	57.4	26.7	15.8	100.0	101
4+	61.2	24.7	14.1	100.0	85
<b>Age</b>					
15-19	*	*	*	*	6
20-24	88.5	*	*	100.0	78
25-29	75.3	11.0	13.6	100.0	154
30-34	56.4	26.8	16.8	100.0	149
35-39	45.4	33.6	21.0	100.0	119
40-44	36.8	50.0	13.2	100.0	68
45-49	*	*	*	100.0	23
50-54	*	*	*	100.0	7
<b>Living Areas</b>					
Urban Areas	54.0	30.4	15.6	100.0	289
Rural Areas	64.1	22.5	13.3	100.0	315
<b>Education</b>					
No education	61.5	23.1	15.4	100.0	13
Some primary	50.9	29.1	20.0	100.0	55
Completed primary	70.6	20.2	9.2	100.0	109
Some secondary (SMTA)	53.1	28.6	18.4	100.0	147
SMTA+	59.6	27.1	13.2	100.0	280
<b>Wealth quintile</b>					
Lowest	62.2	20.7	17.1	100.0	164
Middle-low	66.2	17.7	16.2	100.0	130
Medium	56.9	36.7	6.4	100.0	109
Middle-high	54.5	29.7	15.8	100.0	101
Highest	53.0	32.0	15.0	100.0	100
<b>Total</b>	<b>59.3</b>	<b>26.3</b>	<b>14.4</b>	<b>100.0</b>	<b>604</b>

\* The estimation is based on the number of cases fewer than 25 and not presented.

There is a correlation pattern between birth planning and the age of men. The percentage of the men wanting to have children soon is relatively high in the young men, and then it decreases more along with the increase of age. On the contrary, the different pattern is seen in the men who want to have more children later (after the time period of 2 years), where the percentage is getting higher in the older men. A different thing happens in the men who no longer want to have children; the percentage in the young men

is relatively small and then it tends to increase along with the increase of the age and decrease in the men aged 40 years old and older.

If observed based on living areas, there are differences of birth planning between the men living in urban areas and the men living in rural areas related to both the birth wanted soon and the birth wanted later. The percentage is higher in those living in urban areas than in those living in rural areas. Meanwhile, the percentage of the men who do not want to have more children has no significant differences.

Based on the education degree, it is discovered that the men who manage to complete Primary School tend to want to have children soon (71 percent) compared with the men with other education categories. Meanwhile, the men who do not complete Primary School have the tendency not to want to have children anymore (20 percent) compared with the men with other education categories.

If observed based on the wealth quintile of the respondents, it is seen that there is a pattern showing that the higher the wealth quintile index of the male respondents is, the lower the percentage of their intention to have (more) children soon. However, the male respondents who want to have children later do not have a significant pattern based on the wealth quintile. The highest percentage is found in the men with the medium wealth quintile (37 percent), and the lowest percentage is found in the men with the middle-low wealth quintile (18 percent). This condition is different from the description in those who do not want to have children anymore where the highest percentage is found in the group of men with the lowest wealth quintile (17 percent) and the lowest percentage is found in the men with the medium wealth quintile (6 percent).

**Table 5.7. The wanted fertility**

The average number of children wanted by married men and women of reproductive age based on background characteristics, 2012 IDHS

Background characteristics	The average ideal number of children according to married men	The average ideal number of children according to women aged 15-49 years old
<b>Living Areas</b>		
Urban Areas	2.7	2.5
Rural Areas	2.9	2.7
<b>Education</b>		
No education	3.4	3.2
Some primary	3.2	3.0
Completed primary	2.8	2.7
Some secondary (SMTA)	2.8	2.5
SMTA+	2.8	2.5
<b>Wealth quintile</b>		
Lowest	3.3	2.9
Middle-low	2.8	2.6
Medium	2.8	2.5
Middle-high	2.7	2.5
Highest	2.7	2.5
<b>Total</b>	<b>2.8</b>	<b>2.6</b>

Table 5.7. presents the average ideal number of children wanted by men, and the average ideal number of children wanted by the women aged 15-49 years old. The fertility rate wanted reflects the fertility rate theoretically will happen if all unexpected births can be prevented. Generally, it is observed that there are differences between the average ideal number of children wanted by men and the average ideal number of children wanted by women. The average number of children wanted by men and women is also different based on the living areas. The average number of children wanted is higher in those living in rural areas than in those living in urban areas.

If observed based on the education degree of men and women, it can be seen that the higher the education degree is, the lower the average number of children wanted, even though at the last education degree (some secondary (SMTA) and SMTA+) there is no difference. Furthermore, if observed based on the wealth quintile it can be seen that the average ideal number of children wanted by both men and women is getting lower in those having a higher wealth index.

## 5.5. The Intention to Have Children Based on Women Status

The increase of the status and empowerment or authority of women is admitted as one of the important factors in decreasing fertility; the higher the status of women is, the smaller the number of children wanted. Table 5.8 provides information on the average number of children wanted by men and the unmet need of men in FP to space out and end pregnancy based on three indicators of the status of the men's spouses, which are the involvement of wives in making decisions, the opinion of men who refuse violence towards wives, and the negative opinions of husbands about FP.

In 2012 IDHS the married men were asked about the involvement of their wives in making decisions including several things, such as the health examination of the husbands, the purchase of the non-perishable items, the purchase of daily needs, the visit to family, and the kinds of food which will be cooked every day.

**Table 5.8. The ideal number of children and the unmet FP need**

The average ideal number of children and the unmet FP need of men based on the status of wives, Indonesia 2012

The status indicators of wives	The average ideal number of children <sup>1</sup>	The number of men	The unmet FP need of men <sup>2</sup>			The number of men
			Spacing out	Limiting	Total	
The number of decisions made by the wives <sup>3</sup>						
0	2.9	273	2.8	2.5	5.2	4,016
1-2	2.8	253	2.8	2.4	5.2	4,479
3	2.7	51	2.7	2.8	5.6	811
The number of husbands refusing violence towards wives						
0	*	3	3.9	0.0	3.9	9
1-2	4.2	22	3.4	0.0	2.4	302
3-4	2.9	110	2.6	2.5	5.1	1,416
5	2.8	442	2.8	2.4	5.2	7,509
The number of negative statements about FP by husbands						
0	2.9	264	2.7	2.9	5.6	2,821
1-2	2.8	284	2.8	2.9	5.7	5,053
3-4	3.1	30	3.6	2.0	5.6	422
<b>Total</b>	<b>2.9</b>	<b>577</b>	<b>2.8</b>	<b>2.4</b>	<b>5.2</b>	<b>9,306</b>

<sup>1</sup> Total is calculated excluding the men who provide answers not in number.

<sup>2</sup> See the table of the unmet need for the definition of the unmet FP need for men.

<sup>3</sup> Alone or with someone

\* The estimation is based on the number of cases fewer than 25 and not presented.

The data show that the involvement of wives in making decisions in the household has a reverse correlation with the average number of children wanted by men. For the wives who only get involved in making 1 to 2 decisions in their household, their husbands want to have more number of children than the

husbands whose wives are involved in making up to three decisions in their household. The unmet FP need for the men whose wives are not involved in the household decision making is lower than for the men whose wives are completely involved in the decision making in their household.

A lot of decisions in the household which involve the participation of wives and many statements from the husbands that refuse violence towards their wives have a reverse correlation with the ideal number of children wanted by husbands. The men were asked whether a husband has the right to hit his wife if the wife leaves without his permission, the wife abandons their children, the wife fights with the husband, the wife refuses to have sex with the husband, and the wife cooks food that cannot be eaten. The data management results show that the more refusal of violence towards their wives, the lower is the average number of children wanted by the husbands (2.8 children), while the lower the refusal of violence towards their wives, the higher is the average ideal number of children wanted by the husbands, which is 4.2 children.

# Nonuse and Intention to Use Contraception

6

## Key Findings

- The percentage of men/husbands who do not want to use FB methods in the future increased from 73.2 percent in 2007 to 82.9 percent in 2012.
- The percentage of men/husbands who are against the use of FP methods in the future increased from 9.2 percent (the 2007 IDHS) to 9.6 percent (2012 IDHS), with the reason that the respondents are against it as it is noted that there was an increase from 4.7 percent to 6.2 percent.
- In 2012 IDHS, observed from the age group, the married men aged more than 40 years old who have more than 4 children (46.1 percent) tend to have the intention to use FP methods in the future compared with the young men aged 15-29 years old (7.3 percent)
- In 2012 IDHS, 48.1 percent of the men/husbands who want to use condoms as the contraceptive method in the future experienced a decrease compared with the result of the 2007 IDHS (53.7 percent). With the MOP (vasectomy) as the FP contraceptive method, it is noted that there was an increase to 10.6 percent (2012 IDHS), compared with the result of THE 2007 IDHS which was only 3.9 percent.
- It is necessary to improve the communication, information, and education of FP & Counselling for men/husbands particularly for the lowest economy group with the low education level.
- It is necessary to have a counselling to improve the communication, information, and education of FP & Counselling for the male FP program managers working in the field.

This chapter presents the information about the married men who do not want to use FP methods and have the intention to use contraception, the reasons not to use contraception, and the FP methods wanted by the married men in the future.

## 6.1. The Intention to Use Contraception in the Future

The intention to use contraception (FP methods) in the future provides a description about the potential need towards FP service and is a brief indicator on the attitude of the participation of the men who are not the FP participants in the FP Program currently. In Indonesia, the prevalence rate has been noted quite high, as it reaches 62 percent, and 58 percent among them use the modern FP methods. Although the prevalence rate is already high, the male participation in using the FP methods particularly condoms and vasectomy is proven still low, which is 3 percent (Source: the female respondents who are married and aged 15-49 years old in 2012 IDHS).

The low male participation in the use of FP methods is because of the limited choices available, just condoms and vasectomy, and because there are several classic reasons, such as prohibition from the family, lack of knowledge, lack of awareness (towards the number of children that is considered sufficient and the condition where the wives are not suitable with whatever contraceptive methods), and a rumor which makes men afraid that vasectomy or male sterilization can influence the men's libido. For example is the assumption of the men that they will lose their manliness and experience impotence after doing vasectomy. (source: <http://bkkbn.go.id/kbpria>).

This reason is not true; the men who do MOP (male sterilization surgery/vasectomy) still produce the male testosterone hormone as usual, MOP (vasectomy) does not cause impotence, and all the manliness

functions of a man are still normal after the MOP (vasectomy) method is applied. In Indonesia currently, a pill as a contraceptive method for men is being developed and it can become an alternative of the contraceptive methods besides condoms and vasectomy.

The men/husbands who do not use the FP methods in the interview of a survey were asked whether they intend to use the FP methods in the future. Table 6.1. presents the percentage distribution of the married men/husbands who are currently not using the FP methods according to their intention to use a FP methods in the future based on the number of the living children owned.

<b>Table 6.1. The intention to use the FP methods in the future</b>							
The percentage distribution of married men and married women aged 15-49 years old who do not use the FP methods according to their intention to use the FP methods in the future and the number of the living children, Indonesia 2012							
MARRIED MEN							
	The number of the living children					Total	The number of men
	0	1	2	3	4+		
Wanting to use	14.3	9.9	9.1	8.9	7.7	9.3	824
Not sure	1.9	1.6	1.8	1.5	1.5	1.6	143
Not wanting to use	74.5	81.5	82.5	83.7	86.3	82.9	7,360
Not answering	9.4	7.0	6.6	6.0	4.5	6.2	549
The number of men	100.0	100.0	100.0	100.0	100.0	100.0	8,876
MARRIED WOMEN							
	The number of the living children <sup>1</sup>					Total	
	0	1	2	3	4+		
Wanting to use	62.8	66.5	52.2	43.1	29.3	53.2	
Not sure	11.2	6.8	6.6	7.1	8.9	7.7	
Not intending to use	25.6	25.7	39.1	47.7	60.7	37.7	
Not answering	0.5	1.1	2.1	2.2	1.1	1.4	
Total	100.0	100.0	100.0	100.0	100.0	100.0	
The number of women	1,812	3,861	3,196	1,955	1,938	12,761	
Excluding the men who said no to FP but the wives use the FP methods							
<sup>1</sup> Including the present pregnancy							

Based on the data of 2012 IDHS, among the respondents of the married men who do not use the FP methods it is noted that there are around 9.3 percent of men/husbands who want to use the FP methods in the future. The percentage of the men/husbands who do not use FP and do not want to the FP participants in the future has been noted to increase, as it reaches 82.9 percent (2012 IDHS) compared with the result of 2007 IDHS (73.2 percent). Moreover, the percentage of the statements made by the men/husbands who are not sure or still doubt whether in the future they will use the FP methods decreases to 1.6 percent (2012 IDHS) compared with the result of 2007 IDHS, which was 8.5 percent. It is seen that there is a tendency of the reverse pattern between the intention to use the FP methods in the future and the number of the living children owned by the men/husbands currently, and this can be seen in Table 6.1., where the more the number of the living children is, the smaller the percentage of the intention to use the FP methods in the future.

In the married women aged 15-49 years old not the FP participants, 53 percent would like to use the FP methods in the future. The percentage of the intention to use the FP methods in married women is big compared with the percentage in married men, but if it is related to the number of the living children, it has the same pattern where the more the number of the living children is, the smaller the percentage of the intention to use the FP methods in the future (in Table. 6.1). What is necessary to the attention is that it

turns out that 38 % of women stated that they do not want to use the FP methods in the future; thus, the communication, information, and education on the importance of FP need to be carried out.

Table 6.2. presents the percentage distribution of married men who do not use the FP methods, who have the intention to use the FP methods in the future based on the number of the living children and the background characteristics. In general, the intention of the married men who do not use the FP methods is mostly found in the men/husbands who have 4 children or more (27 percent) and who have 2 children around 22.5 percent. The married men who have the intention to use the FP methods in the future tend to be found in an older age group, in the men living in rural areas, in the group of men who do not finish Primary School, and in men with the lowest wealth quintile.

For instance, 46.1 percent of the men who are 40 years old and older and have 4 living children would like to use the FP methods in the future, while the percentage of those who are 30-39 years old is around 25.2 percent and the percentage of the men who are 15-29 years old is around 7.3 percent.

**Table 6.2. The intention to use the FP methods in the future**

The percentage distribution of the married men who do not use the FP methods, and would like to use the FP methods in the future, based on the number of the living children and the background characteristics, Indonesia 2012

Background Characteristics	The number of the living children					Total	The number of men
	0	1	2	3	4+		
<b>Age</b>							
15-29	31.7	26.4	27.6	6.9	7.3	100	246
30-39	12.6	18.2	23.6	20.3	25.2	100	428
40-54	5.5	10.6	15.4	22.5	46.1	100	293
<b>Living Areas</b>							
Urban Areas	18.5	17.9	20.7	17.7	25.2	100	531
Rural Areas	11.5	18.1	23.9	17.4	29.1	100	436
<b>Education</b>							
No education	0.0	14.3	42.9	14.3	28.6	100	7
Some primary	3.3	11.5	18.0	21.3	45.9	100	61
Completed primary	8.8	18.2	19.6	20.9	32.4	100	148
Some secondary (SMTA)	16.8	12.9	28.7	13.9	27.7	100	202
SMTA+	18.0	20.6	20.6	17.7	23.1	100	549
<b>Wealth quintile Index</b>							
Lowest	16.8	16.2	24.6	11.2	31.3	100	179
Middle-low	12.4	16.5	27.3	14.9	28.9	100	194
Medium	13.2	19.2	16.5	23.1	28.0	100	182
Middle-high	19.5	15.7	18.4	24.9	21.6	100	185
Highest	15.0	21.6	23.3	14.5	25.6	100	227
<b>Total</b>	<b>15.3</b>	<b>18.0</b>	<b>22.1</b>	<b>17.6</b>	<b>27.0</b>	<b>100</b>	<b>967</b>

Excluding the men who said no to FP, although their wives use the FP methods

Based on the living areas, either in urban areas or in rural areas, there is no difference about the desire to use the FP methods in the future, but the percentage of the married men who have the desire to use the FP methods is still considered low, which is 17.4 percent.

Based on the education degree if observed from its correlation with the number of the living children and the intention to use the FP methods in the future, in the men with 2 children owned, the highest percentage is found in the men who do not finish High School (29 percent). Moreover, in the men who have 3 children, the highest percentage is also found in the men who do not complete Primary School and who complete Primary School. The same pattern is also found in the men who have 4 children or more.

Based on the wealth quintile if observed from its correlation with the number of the living children and the intention to use the FP methods in the future, in the men with 2 children owned or more, the highest

percentage is found in the men with the middle-low wealth index (27.3 percent). Furthermore, in the men who have 4 children or more, the highest percentage is also found in the men with the middle-low wealth index level.

## 6.2. Reasons For Nonuse of the FP Methods

One of the best ways to discover that there are obstacles towards the national FP program implementation is by asking a question to the men/husbands about their reasons why they do not use the FP methods. This question was asked in the 2002-2003 IDHS, the 2007 IDHS, and the 2012 IDHS. Table 6.3 presents the percentage distribution of the married men/husbands and the married women who do not use the FP methods and do not have the intention to use the FP methods in the future based on the main reasons not wanting to use and age.

**Table 6.3. Reasons for nonuse of FP methods**  
The percentage distribution of married men and married women who do not use the FP methods based on a number of reasons of not wanting to use FP, Indonesia 2012

Reasons for nonuse of FP methods	Men				Women		
	15-29	30-39	40-54	Total	15-29	30-49	Total
<b>Fertility</b>	<b>10.2</b>	<b>10.7</b>	<b>16.0</b>	<b>12.9</b>	<b>22.1</b>	<b>43.3</b>	<b>40.2</b>
Abstinence	0.2	0.4	1.4	0.9	3.4	8.1	7.4
Wife being menopause	0.0	0.2	8.0	3.6	0.1	22.2	19.1
Infertile	0.1	0.3	0.9	0.5	1.6	3.2	3.0
Wanting to have many children	9.9	9.8	5.6	7.9	14.7	8.3	9.2
<b>Opposing to use</b>	<b>9.0</b>	<b>10.9</b>	<b>8.8</b>	<b>9.6</b>	<b>10.8</b>	<b>2.9</b>	<b>4.1</b>
Belief	1.0	2.2	1.7	1.7	0.0	0.0	0.0
Respondent opposing	6.4	6.7	5.8	6.2	2.6	0.9	1.2
Wife opposing	0.6	0.5	0.3	0.4	4.0	1.8	2.1
Prohibition from others	0.2	0.1	0.0	0.1	0.3	0.1	0.1
Religion prohibition	0.8	1.5	1.0	1.2	4.0	0.2	0.7
<b>Lack of knowledge</b>	<b>9.8</b>	<b>7.6</b>	<b>6.4</b>	<b>7.5</b>	<b>4.7</b>	<b>1.6</b>	<b>2.0</b>
Not knowing the FP methods	9.0	7.0	6.1	7.0	4.6	1.5	1.9
Not knowing sources	0.8	0.6	0.3	0.5	0.1	0.1	0.1
<b>FP methods</b>	<b>13.6</b>	<b>13.2</b>	<b>11.4</b>	<b>12.4</b>	<b>34.5</b>	<b>21.5</b>	<b>23.4</b>
Health reason	1.1	1.3	1.7	1.5	6.8	7.9	7.8
Afraid of side effects	7.4	7.3	5.8	6.6	24.7	9.3	11.5
A far location	0.1	0.0	0.0	0.0	0.1	0.0	0.1
Expensive	0.2	0.1	0.3	0.2	0.3	0.9	0.8
Not comfortable	4.6	4.2	3.4	3.9	1.3	2.4	2.3
Becoming fat/skinny	0.2	0.3	0.2	0.2	1.3	0.9	1.0
Others	42.1	45.8	46.7	45.5	17.2	28.1	26.5
Not answering	15.4	11.8	10.7	12.0	9.3	2.1	3.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>The number of men</b>	<b>1,236</b>	<b>2,486</b>	<b>2,972</b>	<b>6,694</b>	<b>847</b>	<b>5,020</b>	<b>5,867</b>

The men/husbands who do not want to use the FP methods in the future generally stated the reasons related to fertility with 12.9 percent. From that proportion, eight percent provided the reason wanting to have many children and they are found in the younger age group. If observed in the married women with the reason related to fertility, in the married women who do not want to use the FP methods it is around 40.2 percent. 19.1 percent of married women stated the reasons of menopause, hysterectomy, and 10 percent stated the reason of wanting many children particularly in the group of the married women aged 15-29 years old.

Among the reasons of the married men/husbands who do not want to use FP, the most reason is due to the FP methods with 12.4 percent. The biggest proportion around 6.6 percent is because they are afraid of the side effects of the FP methods, the reason of being uncomfortable is around 3.9 percent, and the health reason around 1.1 percent tends to be found in the younger age group of 15-29 years old. Furthermore, around 9.6 percent stated that they are against to use the contraceptive methods, and out of the proportion 6.2 percent stated their reason of disagreeing or refusing to use the FP methods and this tends to be found in the younger age group (30-39 years old).

Around 23.4 percent of married women do not want to use FP, and out of that percentage 11.5 percent is due to being afraid of the side effects particularly in the group of married women aged 15-29 years old and due to health problems it is around 7.8 percent.

These findings indicate that the norm of a small family which becomes the slogan of the national FP program so far seems not to have been completely accepted by some men/husbands. There are wrong responses, habits, perceptions, and thinking which still tend to give the FP responsibility entirely to the wives or women. In a sense, there is a cultural factor which spoils the husbands, where the women are the loyal partners who are supposed to be responsible by themselves about their reproductive health; besides that, most of the society still put the women as objects in the reproduction problems because those who are pregnant and give birth are the women so that the women are the ones who have to use FP so they will not get pregnant.

Another response is that the vasectomy or male sterilization can influence the libido of men, and there is the worry of the wives that there are more chances for the husbands to cheat on them. Besides that, there is an opinion of the society which still puts the women as objects in the reproduction problems because those who are pregnant and give birth are the women so that the women are the ones who have to use FP so they will not get pregnant. (source: <http://palingseru.com//gayahidup>, *seksiologi/sexiology*)

It is necessary to increase the FP communication, information, and education and Counselling by the field FP officers, reforming the male FP program, besides improving the socio-cultural factor of the society that still tend to think that the FP program is for women only. The information on the quality family, which among others can be achieved in a small and happy family certainly with the limited number of children seems that it has to be spread more in the men/husbands. Besides that, the information on various FP methods particularly about the male FP methods as well as the strengths and weaknesses including the side effects caused by the methods also really needs to be delivered to the men/husbands, so that there is no doubt anymore in them to use the available FP methods.

### 6.3. The FP Methods Wanted

In 2012 IDHS, the married men were asked about the FP methods wanted to be used in the future. Table 6.4. presents the information on the FP methods methods wanted, which are vasectomy, condoms, periodic abstinence, withdrawal, others, and ‘don’t know’.

The information about the FP methods wanted by the men/husbands who want to use the FP methods in the future is really needed for the program managers because this is related to the provision of the FP methods required and also the provision of service staff.

Table 6.4 shows that around 48.1 percent of men/husbands

**Table 6.4. The FP methods wanted**

The percentage distribution of married men currently not using FP and wanting to use it in the future based on the FP methods wanted, Indonesia 2012

The method wanted	Percentage
Vasectomy	10.6
Condoms	48.1
Periodic abstinence	8.4
Withdrawal	5.3
Others	12.8
Don't know	14.8
Total	100.0
<b>The number of men</b>	<b>966</b>

wanting to use the FP methods in the future with the method of using condoms as the contraceptive method decrease if compared with the result of 2007 IDHS (53.7 percent). Vasectomy as the contraceptive method with 10.6 percent in 2012 IDHS increases compared with the result of 2007 IDHS (3.9 percent), and for the traditional FP methods method it is 13.7 percent. The traditional methods are the periodic abstinence (rhythm) and withdrawal.

# Men's Participation in Health Care

## Key Findings

- Only 42 percent of the married men who use the periodic abstinence (rhythm) method know well about the fertility concept in a woman.
- Around 43 percent of married men have not known the signs of pregnancy danger, and the percentage of the most known sign of the danger signs in pregnancy, which is bleeding, is 26 percent.
- Fifty nine percent of the married men have consulted with the health officers in connection to their wives' pregnancy.
- Childbirth helpers and childbirth places are the topics mostly consulted to health officers.
- Most (80 percent) of the married men who have toddlers know that their infants have already had the immunization of Polio and BCG.
- 80 percent of the women make a decision to bring their child to the doctor if he/she is sick.
- Less than 10 percent of the married men are angry if their child is immunized or taken to the doctor without their permission.

From one generation to another, the role of men in the reproductive health care, maternal health, and infant health is oftentimes ignored so that the role of women in those matters becomes dominant. The impact is the responsibility in taking care of reproductive health, maternal health, and infant health seems to only the duty of women. This happens because it is only women who can experience pregnancy and childbirth. The role and involvement of men in the service of reproductive health, maternal health, and infant health indeed have a small portion, but they have an important role for maternal safety and health during pregnancy and childbirth, as well as the safety and health of the child being delivered (Kululanga *et al.*, 2011).

The role and responsibility of men in health care are seen from the involvement of men in the health of their wives and children, and this can have positive and negative impacts (Dudgeon and Inhorn, 2004). The role of men in family health is seen from their involvement in the pregnancy care of their wives and various decisions related to pregnancy, childbirth, and child care. As mentioned in the article written by Dudgeon and Inhorn (2004), the effort to involve male participation in reproductive health, maternal health, and infant health is by encouraging the growth of knowledge and awareness of men on (i) equal rights, obligations, and intervention in reproductive health; (ii) the role of men in using contraception; (iii) the role of men in the spread of sexual transmitted infection/diseases; (iv) the role of men in the intended abortion; (v) the role of men in pregnancy and childbirth; (vi) the causes of infertility; (vii) the risk of fetus health.

This chapter presents the information on the knowledge of men about the fertility period, the knowledge of men about the pregnancy danger signs, the men's contact with the health staff discussing pregnancy and childbirth, specific topics on childbirth, immunization of infants, the decision to bring their children to the doctor if they are sick, and the attitude of men if their wives go to the doctor without their permission.

**Table 7.1.1. Knowledge of the Fertility Period:men**

The percentage distribution of married men based on the knowledge about the fertility period and the use of the periodic abstinence method, Indonesia, 2012

The fertility period	Users of periodic abstinence	Not users of periodic abstinence	Total
During the menstruation	3.0	0.4	0.4
After the menstruation	40.9	28.3	28.4
The period in the middle between 2 menstruations	41.7	14.4	14.5
Prior to menstruation	2.3	2.3	2.3
No certain time	2.5	52.1	51.8
Others	4.0	0.5	0.5
Don't know	5.6	2.0	2.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The number of men</b>	<b>48</b>	<b>9,258</b>	<b>9,306</b>

Notes: \* showing that the number is not presented because the number of cases before calculated is fewer than 25

## 7.1. Knowledge of the Fertility Period

The knowledge of men about reproductive health, maternal health, and infant health becomes very important because this has an impact to the awareness of men on the importance of those health problems (Bloom *et al.*, 2000). Furthermore, Bloom *et al.* (2000) think that the knowledge about the reproduction physiological system is the basic knowledge which has the impact towards reproductive health, maternal health, and infant health.

**Table 7.1.2. Knowledge of the Fertility Period: Women**

The percentage distribution of the women aged 15-49 years old with the knowledge about the fertility period during the ovulation cycle, based on the current use of the Periodic Abstinence method, Indonesia 2012

Knowledge of the fertility period	Users of the periodic abstinence method	Not users of the periodic abstinence method	All women
Right before the menstruation period starts	3.0	3.8	3.8
During the menstruation period	0.4	0.6	0.6
Right after the menstruation period is over	33.7	32.1	32.1
In the middle between two menstruation periods	50.4	18.0	18.3
Others	2.0	0.6	0.6
In certain time	4.6	16.7	16.6
Don't know	5.6	27.8	27.6
Missing	0.2	0.3	0.3
Total	100.0	100.0	100.0
The number of women	439	45,168	45,607

The knowledge about the fertility period is very important to prevent pregnancy, so that this knowledge also has to be owned by men especially the couples using the periodic abstinence method. The average

fertility period in women according to Stanford *et al.* (2002) is on the 6th day to the 21st day of the menstruation cycle. The simple explanation is the fertility period in women is in the middle between two menstruation periods. Table 7.1 shows that the knowledge about the fertility period of women is relatively very low. Only 15 percent of men know correctly about the fertility period of women. If categorized, 41.7 percent of men who use the periodic abstinence method know correctly when is the fertility period of women, while only 14.4 percent know the fertility period of women from the group of men who do not use the periodic abstinence method. The description on the knowledge of married men about the fertility period of women turns out to be similar with the knowledge of the respondents of the reproductive age women about the fertility period of women. From all the respondents of the reproductive age women aged 15-49 years old, more than half the number of the respondents using the periodic abstinence method know correctly about the fertility period of women, while only around 18 percent of the female respondents not using the periodic abstinence method can answer correctly about the knowledge about the fertility period of women.

## 7.2. Married Men's Knowledge of the Harmful signs during Pregnancy

**Table 7.2. Married Men's Knowledge of the Harmful signs during Pregnancy**

The percentage of married men based on the knowledge about the pregnancy danger signs and the background characteristics, Indonesia 2012

Background characteristics	Continuous stomach upset	Bleeding	Having fever	Having convulsions	Wrong baby position	Asthma	Fainting	Short of breath	Fatigue	Others	Don't know	The number of men
<b>Age</b>												
15-19	(0.0)	(7.1)	(1.1)	(0.0)	(0.0)	(0.0)	(1.1)	(0.0)	(14.0)	(4.0)	(77.8)	28
20-24	6.0	30.6	1.7	1.5	1.5	1.7	2.8	0.5	14.6	13.9	49.3	350
25-29	7.6	31.0	0.9	0.9	1.9	1.5	1.4	0.6	12.5	11.5	52.1	1,133
30-34	5.7	31.9	1.5	1.6	2.6	0.3	1.5	0.5	15.3	9.4	52.0	1,674
35-39	7.1	27.6	1.7	0.7	2.8	0.9	2.4	1.2	13.1	10.5	56.6	1,769
40-44	5.5	26.3	1.9	0.7	2.5	0.5	2.2	0.4	16.5	14.6	54.4	1,697
45-49	6.0	21.8	0.5	1.1	1.4	0.8	1.1	0.3	11.0	10.3	62.1	1,366
50-54	6.8	17.9	1.8	1.2	2.4	0.6	1.5	0.2	10.4	8.9	65.2	1,289
<b>Living Areas</b>												
Urban Areas	7.4	31.8	1.4	1.4	2.7	0.7	2.1	0.5	16.3	12.8	49.3	4,739
Rural Areas	5.2	20.9	1.5	0.6	1.9	0.8	1.5	0.6	10.5	9.2	64.2	4,567
<b>Education</b>												
No education	5.3	9.4	2.4	0.0	1.7	0.2	1.8	0.0	5.3	4.2	81.4	265
Some primary	3.4	12.0	1.0	0.8	0.7	0.5	0.5	0.1	7.8	6.2	76.2	1,371
Completed primary	4.9	15.6	0.9	0.6	1.3	0.5	1.0	0.5	11.8	7.5	68.1	2,118
Some secondary (SMTA)	6.2	25.4	1.6	0.7	2.4	1.3	1.8	0.8	11.9	10.2	57.6	1,979
SMTA+	8.5	40.2	1.8	1.6	3.5	0.8	2.8	0.7	18.0	16.0	39.8	3,572
<b>Wealth quintile</b>												
Lowest	3.2	16.5	2.1	0.4	1.5	1.0	1.8	1.0	6.9	5.4	72.4	1,596
Middle-low	5.1	21.7	0.7	1.0	2.0	0.4	1.2	0.6	10.5	8.0	64.9	1,866
Medium	6.2	23.3	1.4	1.4	1.1	0.9	1.1	0.5	14.0	11.4	59.1	2,008
Middle-high	7.6	29.8	1.4	1.2	2.6	0.9	1.6	0.4	14.1	11.6	52.0	1,962
Highest	9.1	39.5	1.7	1.1	4.2	0.6	3.3	0.4	20.5	17.9	36.9	1,875
<b>Total</b>	<b>6.3</b>	<b>26.4</b>	<b>1.4</b>	<b>1.0</b>	<b>2.3</b>	<b>0.8</b>	<b>1.8</b>	<b>0.6</b>	<b>13.4</b>	<b>11.0</b>	<b>56.6</b>	<b>9,306</b>

\*) asterisk indicates that the estimation is based on the number of cases fewer than 25 and not presented.

( ) The number n from 25 - 49

The knowledge of men on the danger signs in pregnancy is very important to determine the decision to seek for medical assistance (Bloom *et al.*, 2000), so they can save the lives of the mothers and the babies inside of the womb. Danger in pregnancy is indeed difficult to be predicted, but it can be avoided if someone knows the signs and symptoms of the danger in pregnancy (Ramarao *et al.*, 2001).

Table 7.2 shows that more than a half of the married male respondents do not know the danger signs in pregnancy (56.6 percent), whereas in 2007 IDHS the percentage of the married male respondents who do not know the danger signs in pregnancy is around 54.4 percent. From all the married male respondents who know the danger signs in pregnancy, around 26.4 percent answered bleeding, 13.4 percent answered fatigue, and 11.0 percent answered other signs. Those percentages experience a decrease if compared with

the result of 2007 IDHS, which noted that around 31.2 percent of respondents answered bleeding, 9.8 percent answered fatigue, and 6.4 percent answered others as the danger signs in pregnancy. In general, the percentage of the knowledge level on the danger signs in pregnancy in the respondents who graduate from High School or higher education and who are in the highest wealth quintile has the biggest proportion compared with the respondents from the group with other backgrounds.

The biggest proportion of the respondents who do not know about the danger signs in pregnancy is found in the group of respondents with the lowest education degree and wealth quintile. On the contrary, in the group of the respondents with the high wealth quintile and education degree, the proportion of those who do not know the danger signs in pregnancy has the lowest percentage. The percentage of the respondents who do not know the danger signs in pregnancy is higher in the respondents who live in rural areas compared with the respondents who live in urban areas.

### 7.3. Communication with Health Workforce

**Table 7.3. The Men's Contact with Health Officers and the Topics of the Conversation**

The percentage of the married men who have contacted health officers and the topics of the conversation in pregnancy and childbirth in the last 5 years before the survey, based on the background characteristics, Indonesia 2012

Background characteristics	Consultation Topics				The number of men
	Consultation with health workforce	Types of food during pregnancy	Resting during pregnancy	Health problems requiring to obtain the attention of the medical officers soon	
<b>Age</b>					
15-19	*	*	*	*	18
20-24	54.2	51.8	49.2	47.3	176
25-29	61.9	56.0	55.0	54.3	553
30-34	62.4	57.4	54.8	52.8	669
35-39	63.0	58.0	57.2	53.2	508
40-44	51.9	47.6	45.4	44.9	300
45-49	43.3	40.1	39.5	35.1	107
50-54	(41.4)	(41.0)	(28.4)	(38.8)	39
<b>Living Areas</b>					
Urban Areas	68.6	64.3	60.6	59.6	1,227
Rural Areas	49.2	43.9	43.7	41.3	1,143
<b>Education</b>					
No education	(25.9)	(23.1)	(23.1)	(21.0)	41
Some primary	34.5	27.8	27.0	27.1	208
Completed primary	42.1	37.0	37.7	36.5	447
Some secondary (SMTA)	57.6	52.0	48.6	47.4	630
SMTA+	73.9	69.9	67.3	64.8	1,044
<b>Wealth quintile</b>					
Lowest	31.7	26.9	27.0	25.3	460
Middle-low	54.1	49.7	45.4	44.0	506
Medium	60.9	56.9	55.8	54.0	449
Middle-high	67.0	61.4	60.3	59.5	495
Highest	82.6	77.3	73.8	70.9	460
<b>Total</b>	<b>59.3</b>	<b>54.4</b>	<b>52.4</b>	<b>50.7</b>	<b>2,370</b>
*) asterisk indicates that the estimation is based on the number of cases fewer than 25 and not presented.					
( ) The number n from 25 - 49					

As it has been explained by a great deal of literature about the importance of men's involvement in reproductive health, maternal health, and infant health, it is necessary to have information on the men's involvement level in those problems. One of the ways is by seeing whether the men communicate with health workforce to discuss specific things related to reproductive health, maternal health, and infant health.

Table 7.3 contains information about the communication of men with health officers and the conversation topics in pregnancy and childbirth in the last five years before the survey. From all married male respondents, there are only 2370 respondents whose wives had given birth in the last five years before the survey. From the number, around 59.3 percent have communicated and consulted with health officers.

This shows that there is an increase if compared with the result of 2007 IDHS which noted that the proportion of the married men who communicated with health officers was around 40.7 percent. Related to the increase of the proportion of the respondents who have communicated and consulted with health workforce, this opens the chance in the effort to increase FP participation in men or their spouses. In their article, Kabagenyi *et al.* (2013) state that there is a positive correlation about the use of contraceptive methods by men or their spouses with the interaction with health workforce. In the article, it is also explained that health workforce may have an important role as the information spreader on FP to the men in the society. Therefore, the FP program managers in Indonesia should provide special attention to health workforce related to the knowledge about the FP program and the capability to spread messages about the FP program.

Based on the conversation topics with health officers, 54.4 percent of male respondents discussed about the types of food during pregnancy, 52.4 percent of respondents discussed about resting during pregnancy, and 50.7 percent of respondents discussed about health problems during the pregnancy period which requires attention from medical officers soon. Based on the background characteristics, the biggest proportion of the respondents who have consulted on the health of pregnant mothers is found in the age group of 35-39 years old, in those living in urban areas, in those graduating from High School or higher education, and in those with the highest wealth quintile.

#### **7.4. Childbirth Preparation**

According to Nejad (2005), the childbirth prepared can reduce complication during childbirth for the mothers who give birth and the condition of the babies being born, so that it is important for men to be able to prepare childbirth well. The knowledge on childbirth is the requirement which must be known by men so that they will be able to prepare their childbirth. Premberg (2006) thinks that men who have sufficient knowledge about childbirth preparation are a form of psychological support for their spouses in facing childbirth and may have positive impacts to the childbirth process.

From the total of 9,306 married male respondents, only 1400 respondents have consulted about childbirth. If observed from the background characteristics of men (Table 7.4), the education degree and the wealth quintile have a positive correlation with the proportion of men who have consulted about childbirth. However, the opposite happens in the background characteristics based on age, where the older the men are, the smaller the proportion of men who have consulted about childbirth. This may happen because they have experience with pregnancy before. Observed based on living areas, the men living in urban areas have a bigger proportion to do consultation on childbirth compared with the men living in rural areas. The topics which are often discussed based on the order of importance are childbirth helpers, childbirth places, childbirth costs, transportation, and blood donor.

**Table 7.4. Childbirth Preparation**

The percentage of the married men whose wives had childbirth in the last five years before the survey and who discussed special topics on childbirth based on the background characteristics, Indonesia 2012

Background characteristics	Consultation Topics						None of the topics	The number of men
	Childbirth places	Transportation	Childbirth helpers	Childbirth costs	Blood donor	One of the topics		
<b>Age</b>								
15-19	*	*	*	*	*	*	*	12
20-24	84.1	61.6	79.6	69.5	13.4	91.4	8.6	95
25-29	75.6	51.9	72.1	74.4	20.5	87.2	12.8	342
30-34	77.1	51.6	78.0	70.3	28.0	88.5	11.5	412
35-39	76.7	59.1	81.5	74.0	26.9	89.4	10.6	320
40-44	71.7	56.4	81.5	70.9	23.0	88.6	11.4	156
45-49	74.5	57.5	77.9	62.2	18.6	82.0	18.0	46
50-54	*	*	*	*	*	*	*	16
<b>Living Areas</b>								
Urban Areas	81.9	60.4	80.7	75.4	24.8	91.0	9.0	838
Rural Areas	67.0	46.0	72.7	66.7	22.8	83.9	16.1	562
<b>Education</b>								
No education	*	*	*	*	*	*	*	11
Some primary	57.4	44.6	69.0	67.6	17.3	84.4	15.6	72
Completed primary	66.3	44.6	72.2	69.7	16.7	82.8	17.2	188
Some secondary (SMTA)	72.1	51.4	75.5	71.8	20.5	86.3	13.7	363
SMTA+	81.9	59.5	80.5	72.9	28.4	90.9	9.1	767
<b>Wealth quintile</b>								
Lowest	67.1	40.4	68.5	64.2	16.2	83.1	16.9	146
Middle-low	70.0	46.1	71.2	67.7	14.5	86.1	13.9	273
Medium	72.7	55.2	78.3	73.0	19.7	85.8	14.2	274
Middle-high	78.5	57.8	77.6	74.2	32.5	89.3	10.7	327
Highest	83.6	62.9	84.8	75.0	29.8	92.2	7.8	380
<b>Total</b>	<b>75.9</b>	<b>54.6</b>	<b>77.5</b>	<b>71.9</b>	<b>24.0</b>	<b>88.1</b>	<b>11.9</b>	<b>1,400</b>

\*) asterisk indicates that the estimation is based on the number of cases fewer than 25 and not presented.

## 7.5. Immunization of Children

Giving immunization to children is influenced by various factors (McLeroy *et al.*, 1988), which are the intra-personal factor (the factor depending on the characteristics of the children themselves), the inter-personal factor (the factor influenced by the condition of parents and household), the home environment characteristic factor, the institutional factor (the factor influenced by the immunization implementation coordination), the public policy factor (quality, coverage, and policy implementation). Rammohan *et al.* (2012) think that the role of men in the child immunization participation is as important as the role of women.

Table 7.5 provides information about the percentage of married men who have children who get immunization. Around 79.5 percent of the total number of the married male respondents who have children who get immunization reported that their children have obtained the BCG immunization, while the percentage of the respondents who reported that their children have obtained the immunization of Polio, DPT, Measles, and Hepatitis B, and each is 80.0 percent, 71.0 percent, 63.9 percent, and 65.0 percent respectively. Based on the background characteristics of the respondents, there is a correlation pattern between the education degree of male respondents and giving immunization to children. Similarly, there is a correlation pattern between giving immunization to children and the wealth quintile of the respondents. This is parallel with the opinion of Rammohan *et al.* (2012) who state that the education degree of fathers can influence the relevant immunization given to children through the decision making process in the household in obtaining health care. According to Brugha *et al.* (1996), the education degree of men also influences their knowledge about child health care, but the knowledge factor itself becomes effective in increasing child immunization participation if men are involved actively in child health care. Brugha *et al.* (1996) add that efforts are required to provide knowledge to men about child health and to increase the active involvement of men in maintaining child health.

**Table 7.5. Immunization of Children**

The percentage of married men who have children who are still alive and obtain immunization based on the background characteristics, Indonesia 2012

Background characteristics	Immunization					The Number of Men
	BCG	Polio	DPT	Measles	Hepatitis B	
<b>Age</b>						
15-19	*	*	*	*	*	18
20-24	77.2	77.8	65.5	59.6	57.1	174
25-29	78.0	78.5	68.1	63.2	61.9	550
30-34	79.9	81.5	70.9	62.9	66.3	664
35-39	83.2	84.3	77.5	70.5	72.8	510
40-44	80.3	80.8	74.7	63.8	63.8	296
45-49	76.0	73.7	64.3	60.2	56.7	107
50-54	(71.5)	(71.5)	(67.2)	(56.2)	(74.6)	39
<b>Living Areas</b>						
Urban Areas	84.9	85.4	76.8	67.8	72.9	1,224
Rural Areas	73.8	74.3	64.7	59.7	56.5	1,134
<b>Education</b>						
No education	56.6	56.8	53.8	45.2	48.2	41
Some primary	58.5	56.9	43.3	37.3	44.9	208
Completed primary	71.2	72.8	62.5	54.4	52.1	442
Some secondary (SMTA)	80.6	83.8	72.6	66.6	65.5	628
SMTA+	87.5	86.4	79.7	72.4	74.9	1,040
<b>Wealth quintile</b>						
Lowest	64.4	65.9	55.7	52.6	51.2	457
Middle-low	77.6	76.7	68.8	57.8	57.1	502
Medium	82.2	83.0	71.7	63.5	65.8	443
Middle-high	84.6	84.1	74.0	65.7	69.0	499
Highest	88.5	90.5	84.6	80.2	82.4	456
<b>Total</b>	<b>79.5</b>	<b>80.0</b>	<b>71.0</b>	<b>63.9</b>	<b>65.0</b>	<b>2,358</b>

\*) asterisk indicates that the estimation is based on the number of cases fewer than 25 and not presented.

() The number n from 25 - 49

## 7.6. Decision to take Children to a Doctor when They are Sick

**Table 7.6. Decision to take Children to a Doctor when They are Sick**

The percentage of married men based on the Decision to take Children to a Doctor when They are Sick and the background characteristics, Indonesia 2012

Background characteristics	Respondents	Wives/S tep					Children never getting sick	The number of men
		Wives	Mothers	Sisters	Brothers	Others		
<b>Age</b>								
15-19	*	*	*	*	*	*	*	18
20-24	72.6	84.3	0.0	2.5	0.0	8.9	0.1	176
25-29	75.0	77.5	0.5	0.9	0.5	6.4	0.2	553
30-34	68.6	81.1	0.3	0.9	0.4	5.7	0.6	669
35-39	72.2	80.9	0.2	1.3	0.5	3.4	0.1	508
40-44	69.9	76.5	0.0	0.2	0.2	5.3	2.1	300
45-49	78.1	74.0	0.0	1.2	0.7	7.9	0.9	107
50-54	(67.8)	(95.8)	(0.0)	(11.1)	(2.0)	(1.7)	(0.5)	39
<b>Living Areas</b>								
Urban Areas	68.1	80.0	0.2	1.8	0.3	5.2	0.4	1,227
Rural Areas	76.1	79.3	0.3	0.5	0.5	6.0	0.7	1,143
<b>Education</b>								
No education	(71.2)	(79.1)	(0.0)	(8.8)	(0.0)	(1.4)	(1.1)	41
Some primary	72.1	84.1	0.0	0.7	1.8	2.4	0.3	208
Completed primary	72.4	73.3	0.6	0.2	0.2	4.0	1.3	447
Some secondary (SMTA)	70.8	82.4	0.5	1.8	0.3	6.1	0.3	630
SMTA+	72.4	79.9	0.0	1.1	0.4	6.7	0.4	1,044
<b>Wealth quintile</b>								
Lowest	76.5	74.9	0.6	0.4	0.6	6.5	1.6	460
Middle-low	74.5	78.5	0.0	0.4	0.4	4.7	0.5	506
Medium	71.6	81.9	0.2	0.4	0.3	3.0	0.0	449
Middle-high	74.9	80.1	0.4	1.4	0.5	4.6	0.0	495
Highest	61.7	83.1	0.0	3.5	0.4	9.0	0.6	460
<b>Total</b>	<b>71.9</b>	<b>79.7</b>	<b>0.2</b>	<b>1.2</b>	<b>0.4</b>	<b>5.5</b>	<b>0.6</b>	<b>2,370</b>

\*) asterisk indicates that the estimation is based on the number of cases fewer than 25 and not presented.

() The number n from 25 - 49

According to Engle (1997), the role of men in the welfare of children is oftentimes measured through their income rate, but this is proven to be not significant. Engle adds that the income rate of women is more significant in increasing the welfare of children. In his article, Engle thinks that the increase of the welfare of children can be achieved if there is a clear job division in taking care of children between men and women. The key of the increase of the welfare of children, according to Engle, is by expanding the role of men to not only be responsible about the material availability in the household, but also provide support of raising the children in whatever forms, including making decisions related to the welfare of children.

The duty to make a decision to bring a child to the doctor if he/she is sick is not the duty which always has to belong to women only. Related to the argument stated above, men also have to be able to make decisions related to the welfare of children. Table 7.6 below presents the information about whoever makes the decision to go to the doctor if the children are sick.

From the table, it can be seen that if the decision to bring children to the doctor is still dominated by women, around 79.7 percent of men reported that their wives are the ones who make the decision to bring children to the doctor if the children are sick, followed with the percentage of the respondents (men) themselves who make the decision to bring children to the doctor, which is around 71.9 percent. Based on the background characteristics including the age group, the education degree, and the wealth quintile, the decision making to bring children to the hospital is also mostly done by the wives. However, there is an interesting pattern to be studied that there is a reverse correlation pattern between the wealth quintile and the decision making to bring children to the hospital done by men. Based on the living areas of the respondents, it seems that the percentage of the male respondents who make their own decision to bring children to the doctor and who live in rural areas is higher than the percentage of the respondents who live in urban areas, and on the contrary the percentage of the respondents who reported that their wives are the ones making the decision to bring children to the doctor is higher in the respondents living in urban areas than in the respondents living in rural areas.

## 7.7. Men's Attitudes

2012 IDHS also contains a question about the attitude of men towards the act of the wives who do things without permission related to their act to bring children to be immunized and to bring them to the doctor. Based on the background characteristics, there is no fixed pattern about the attitude of men who are angry if the wives do something without permission, such as bringing children to be immunized or to go to the doctor. Based on age characteristics, the proportion of men who are angry show an upside-down U letter pattern, whereas based on the education degree and the wealth quintile there is a correlation pattern about the attitude of men who are angry with the act of wives to bring children to be immunized or to go to the doctor. If observed from the characteristics of living areas, there is no significant difference in the proportion of the attitude of men who are angry at the act of their wives to bring children to be immunized or to go to the doctor.

According to Sarkadi *et al.* (2008), the role of men in family, especially in developed countries, has experienced a shift where men not only are the breadwinner of the family but also actively play a role and become the partner of the mother in raising children; even men can also become a role model about gender for children. This can become an indication that the attitude of men who are angry at the act of wives to bring children to be immunized or to go to the doctor without the husband's permission can happen because men also want to be involved in the decisions about the health and welfare of children, although this has to be proven further through in-depth research.

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**Table 7.7. The Anger of Men**

The percentage of the attitude of married men who are angry if their wives do something without permission, such as bringing their children to be immunized and to the doctor, based on the background characteristics, Indonesia 2012

Background characteristics	Bringing children to be immunized	Bringing children to the doctor	The number of men
<b>Age</b>			
15-19	*	*	18
20-24	5.6	7.4	172
25-29	10.0	9.0	551
30-34	10.7	9.7	669
35-39	8.6	9.1	508
40-44	6.5	6.2	300
45-49	5.5	5.7	107
50-54	(1.5)	(1.5)	39
<b>Living Areas</b>			
Urban Areas	8.8	8.3	1.223
Rural Areas	9.0	8.6	1.140
<b>Education</b>			
No education	(2.3)	(3.7)	41
Some primary	6.3	2.4	208
Completed primary	9.1	9.6	445
Some secondary (SMTA)	10.0	10.4	626
SMTA+	8.9	8.2	1.043
<b>Wealth quintile</b>			
Lowest	6.3	6.7	459
Middle-low	9.2	8.2	504
Medium	11.0	11.3	445
Middle-high	7.1	7.4	495
Highest	11.0	8.8	460
<b>Total</b>	<b>8.9</b>	<b>8.4</b>	<b>2.363</b>

\*) asterisk indicates that the estimation is based on the number of cases fewer than 25 and not presented.

( ) The number n from 25 - 49



# Knowledge of HIV/AIDS and Other STIs

8

## Key Findings:

- The percentage of married men in Indonesia who have heard about HIV/ AIDS is considerably high (82 percent).
- The married men's main source for information about HIV/ AIDS is television (86 percent).
- The number of married men who knew that HIV/ AIDS could be transmitted from mother to child is quite high, i.e. during pregnancy (78 percent), while breast-feeding (75 percent), and during birth (67 percent).
- Almost half of married men (48 percent) between the age of 15 to 54 years old claimed to have heard about STIs.
- The main source of information about STI for the majority of married men (32 percent) is friends and family members, meanwhile, around 4 percent of the respondents said that they received their information from medical personnel.
- Result of the 2012 IDHS revealed that only a small portion of teenager and married young adult possess a comprehensive knowledge about HIV/ AIDS, i.e. around 10 percent.
- Around 12 percent of married men at the age between 18 to 24 years old have had sexual relations before they reached the age of 18 years old.

Human Immunodeficiency Virus (HIV) is the virus responsible for causing the Acquired Immune Deficiency Syndrome (AIDS). This virus attacks a person's immune system, it weakens the body defenses to fight infections and resulting in a deficiency of the immune system. It made a person's body vulnerable to various diseases and eventually this will lead to the person's death. The major sources for HIV virus infection in Indonesia are from unsafe sex, from sharing needle among Injecting Drug Users, transmission from mother to baby during pregnancy, or birth and while breast-feeding, through blood transfusion, tattoo, body piercing and shaving using blade contaminated with HIV.

Indonesia is one of the countries in Asia where HIV epidemic has grown significantly; however, in general, the prevalence of HIV among the adults is quite low; nonetheless, among a certain groups such as injecting drug users and sexual workers, the number is relatively high. The overall prevalence is 0.1% for the nation, with the exception of Papua Province, where the epidemic figure reaches an estimated figure of 2.4%, and the main infection method is through unprotected sex (<http://id.wikipedia.org>).

HIV/AIDS has proliferated in the last 2-3 years in this manner, therefore, a number of strategies and precise interventions have to be devised to deal specifically with this epidemic. Even though, the national commitment to confront the epidemic is gaining more ground, still there are gaps, here and there, due to geographical location, the overall capacity of the health system or lack thereof, the condition and prevalence of the epidemic itself and the availability of resources.

Systematic and comprehensive efforts to deal with HIV and AIDS are then put into an action plan, which will be carried out and focused on the regions with the highest HIV exposure as well as the highest number of key population. It will be carried out using well-tested, effective and structured programs targeted at the key population involving all concerned parties at different levels, both at the central and regional governments, to promote a behavioral change to something that is safer and may reduce the risk

of HIV infection among the community, thus, as an individual and as member of the community, the people will be able to lead a productive life and take an active role in national development (Strategy and National Action Plan to Fight HIV and AIDS 2010 -2014).

The data collected in the 2012 IDHS provides the opportunity to assess a number of factors related to HIV/ AIDS as well as other sexually transmitted diseases (STD). This chapter exposes the level of knowledge about everything related to AIDS, i.e. whether you have heard about AIDS, the source of information about HIV/AIDS, HIV/AIDS prevention, the misperception about HIV/AIDS, miscellaneous information related to HIV/AIDS, discussing AIDS with one's spouse or partner, the social aspects of HIV/ AIDS, knowledge about condoms, where to find them, attitude with regard to procuring a safe sexual relation, knowledge about Sexually Transmitted Diseases ( STD), reporting procedure in the event of STD occurrence, knowledge about AIDS and sexual behaviors in adolescents and young adults, the age when a person is having sexual intercourse for the first time. The chapter will be concluded on discussion about knowing people living with HIV/ AIDS, and about the Voluntary Counseling Testing (VCT) services and where it can be found.

This chapter illustrates the level of knowledge, perception and behavior related to HIV/ AIDS at national and provincial level in different socio-economic strata of the population. This way, a program and strategy to fight AIDS may be formulated for the group that is in dire need for information and service about the subject and to those who are the most vulnerable to HIV/ AIDS infection.

## **8.1. Knowledge of HIV/ AIDS**

The level of knowledge about AIDS among the Indonesian is relatively low. This can be discerned from the result of the 2007 Basic Health Research (*Riset Kesehatan Dasar*), which revealed that only 11 percent of the population were aware and knew about HIV/ AIDS. This lack of knowledge and awareness about HIV/ AIDS resulted in less than maximum efforts to prevent HIV/ AIDS, as well as the prevalence of stigma about people living with HIV/ AIDS and how people living with HIV/ AIDS (ODHA) are subjected to discriminative treatments (dr. HM. Subuh, MPPM: 2013). Table 8.1 illustrates the percentage of married men who have heard about HIV/ AIDS and the percentage of those who believe that there is a way to prevent AIDS infection.

Table 8.1 shows that in general, around 82.3 percent of men claimed that they have heard about AIDS, while 62.8% of them believe that there is a way to prevent HIV/ AIDS.

The highest segment of the respondent who claimed to have heard about HIV/ AIDS is men in the age group between 30 to 39 years old (89 percent). Men who reside in the urban surrounding appear to know more about HIV/ AIDS compared to their counterparts in the rural area (91.5 percent to 72.8 percent). Respondents with a higher level of education appear to know more about HIV/ AIDS. As an illustration, among the men who did not have an education, only 28.9 percent of them have had prior knowledge about HIV/ AIDS, meanwhile, in the group of men with high school education or higher, the figure rose to 98.4 percent. As shown from the wealth quintile index, it appears that there is a pattern of correlation between men's knowledge about HIV/ AIDS. Among the men with the lowest wealth quintile index, only 59.4 percent of them have heard about HIV/ AIDS, the figure rose sharply to 97.2 percent for the men with the highest wealth quintile index.

**Table 8.1 Knowledge of HIV-AIDS**

Percentage of married men who have heard about HIV/ AIDS and believe that there is a way to prevent AIDS infection based on their background characteristics, Indonesia 2012

Background Characteristics	Have heard about HIV/ AIDS	Believe that there is a way to prevent AIDS infection	Number of men
<b>Age</b>			
15-19	(79.6)	(62.3)	28
20-24	84.1	63.3	345
25-29	85.4	63.8	1,127
30-39	88.9	69.6	3,449
40-49	79.6	60.1	3,065
50-54	68.2	49.8	1,292
<b>Areas of residence</b>			
Urban area	91.5	72.0	4,739
Rural area	72.8	53.2	4,567
<b>Employment status</b>			
Unemployed	78.1	61.1	303
Employed	82.5	62.8	8,999
<b>Education</b>			
No education	28.9	14.5	265
Some primary	51.8	31.8	1,371
Complete primary	74.9	51.6	2,118
Some secondary (SMTA)	89.5	68.1	1,979
SMTA +	98.4	81.9	3,572
<b>Wealth quintile index</b>			
Lowest	59.4	40.4	1,596
Middle-low	74.0	52.3	1,866
Middle	85.9	62.6	2,008
Middle-high	90.9	72.8	1,962
Highest	97.2	81.8	1,875
<b>Total</b>	<b>82.3</b>	<b>62.8</b>	<b>9,306</b>

The second indicator on the knowledge about HIV/ AIDS is presented in Table 8.1 that shows a conviction that there is a way to avoid HIV/ AIDS infection. Generally, the pattern of this particular indicator is similar to the pattern of the men who have heard about HIV/ AIDS, in which the highest percentage is among the men in the age group between 30 to 39 years old (89.6 percent). More men who reside in an urban area believe that there is a way to avoid being infected by HIV/ AIDS (72.0 percent as opposed to 53.2 percent of men who lived in a rural area), respondent with a higher level of education show a higher conviction that there is a way to avoid being infected by HIV/ AIDS, the same goes for men with the highest wealth quintile index who have a high conviction rate that there is a way to avoid being infected by HIV/ AIDS (81.8 percent).

The trend pertaining to the knowledge of married men about HIV/ AIDS from 2002/2003 to 2012 is presented in figure 8.1 below.

**Figure 8.1 Percentage of married men who have heard about AIDS, Indonesia 2002/2003 – 2012**

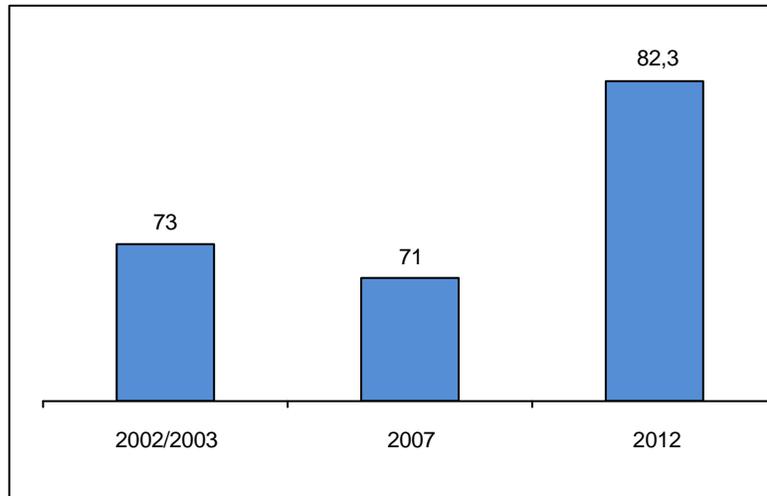
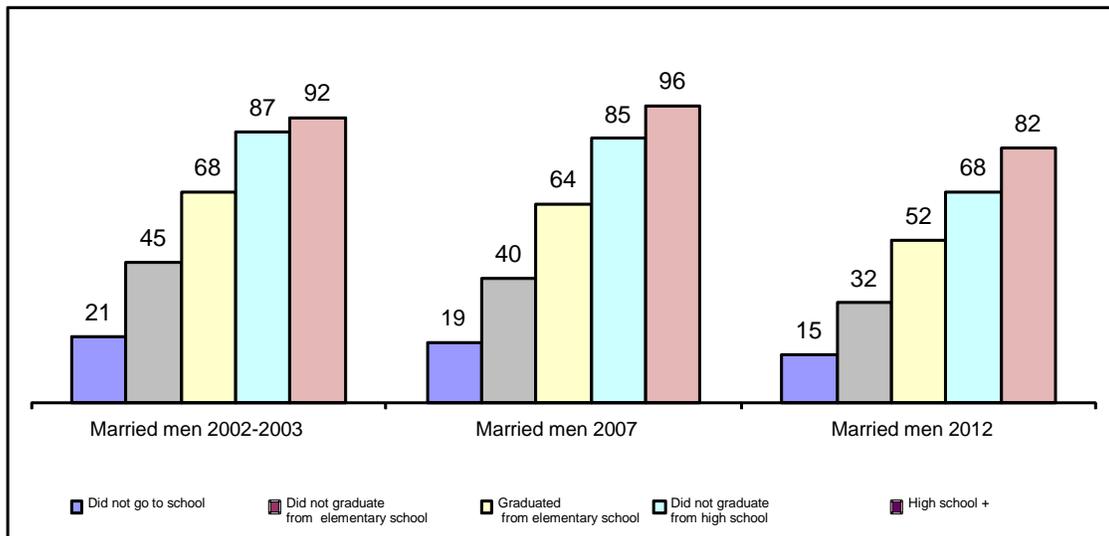


Figure 8.1 shows that the percentage of married men who have heard about AIDS has declined from 73 percent in the 2002-2003 IDHS to 71 percent in 2007 IDHS; however, the figure rose significantly to 82.3 percent in the 2012 IDHS. Figure 8.2 shows the percentage of married men who have heard about AIDS based on their level of education.

**Figure 8.2 Percentage of married men who have heard about HIV/ AIDS based on their level of education, Indonesia, 2002/2003 - 2012**



The level of education is obviously correlates to knowledge. It is clear from Figure 8.2 where knowledge increased in line with the level of education, the higher the education, the more knowledgeable the person.

Information about HIV/ AIDS may be obtained from various sources, such as radio, television, newspaper, magazine, medical personnel, religious groups, schools/ teachers, community groups, friends/ family members, the internet and so on. Table 8.2 shows comprehensive sources of information about HIV/ AIDS.

**Table 8.2 Information sources on HIV/ AIDS**

Percentage of married men who have heard about HIV/ AIDS and able to pinpoint the source of the information on HIV/ AIDS, based on their background characteristics, Indonesia 2012

Background Characteristics	Radio	Television	Newspaper/ magazine	Poster	Medical personnel	Religious groups	Schools/ teachers	Community groups	Friends/ family	Work place	Internet	Other	Sum	Number of men
<b>Age</b>														
15-19	*	*	*	*	*	*	*	*	*	*	*	*	*	22
20-24	19.8	83.1	26.8	8.2	10.5	0.9	7.9	2.4	50.6	12.3	4.3	3.4	100.0	290
25-29	24.4	84.7	36.9	9.8	10.0	0.5	6.7	2.3	41.8	13.5	5.4	2.0	100.0	962
30-34	20.0	87.6	40.0	10.8	8.2	0.9	4.9	3.1	38.6	14.7	5.1	3.1	100.0	1,507
35-39	20.6	87.4	44.0	9.0	7.9	1.0	3.4	3.1	35.6	14.9	4.4	2.1	100.0	1,558
40-44	18.6	88.4	39.3	9.2	6.6	1.0	1.4	3.8	41.3	11.4	3.5	3.2	100.0	1,425
45-49	19.8	82.9	37.9	6.5	7.7	1.1	2.6	3.3	39.2	12.4	3.5	2.8	100.0	1,015
50-54	15.2	81.9	29.2	5.2	8.8	1.9	0.6	5.1	40.5	9.6	2.2	1.9	100.0	881
<b>Areas of residence</b>														
Urban area	20.2	89.0	46.9	10.7	8.0	0.8	4.1	3.2	38.8	15.5	6.1	3.4	100.0	4,335
Rural area	19.3	81.7	27.0	6.1	8.4	1.3	2.7	3.6	40.9	9.7	1.6	1.6	100.0	3,326
<b>Education</b>														
No education	10.4	65.0	15.8	11.2	10.7	11.4	4.8	8.2	46.2	3.9	0.0	0.0	100.0	77
Some Primary	12.2	64.5	7.2	2.6	3.8	1.2	0.0	2.2	53.9	8.6	0.0	2.0	100.0	710
Complete Primary	16.4	80.6	16.9	2.6	5.2	0.5	0.1	1.7	44.1	12.0	0.0	1.0	100.0	1,587
Some Secondary (SMTA)	16.6	87.1	31.2	6.8	6.5	0.5	1.2	2.1	41.8	9.6	0.5	1.9	100.0	1,772
SMTA +	24.8	92.4	58.2	13.7	11.2	1.3	6.9	4.9	33.6	16.2	8.8	3.8	100.0	3,515
<b>Wealth quintile index</b>														
Lowest	15.6	69.0	18.8	4.4	8.8	2.7	1.9	3.5	45.3	7.4	0.9	1.5	100.0	949
Middle-low	16.1	80.9	25.0	4.3	5.7	0.5	2.4	2.4	43.9	10.8	0.5	1.7	100.0	1,381
Middle	18.4	86.6	31.0	6.7	7.0	0.4	1.9	3.3	40.4	12.7	1.8	2.0	100.0	1,724
Middle-high	20.6	91.5	44.2	10.4	9.1	0.8	3.5	3.2	38.9	13.3	3.5	3.4	100.0	1,785
Highest	25.5	92.0	59.5	14.6	10.1	1.3	6.7	4.2	33.6	17.6	11.4	3.6	100.0	1,823
<b>Total</b>	<b>19.8</b>	<b>85.9</b>	<b>38.2</b>	<b>8.7</b>	<b>8.2</b>	<b>1.0</b>	<b>3.5</b>	<b>3.4</b>	<b>39.7</b>	<b>13.0</b>	<b>4.1</b>	<b>2.6</b>	<b>100.0</b>	<b>7,661</b>

The men who claimed to have heard about HIV/ AIDS were then asked where they get their information about HIV/ AIDS. The majority of them claimed that they get their information about HIV/ AIDS from television (85.9 percent). The next major source of information is from friends/ family members (39.7 percent), followed by newspapers/ magazines (38.2 percent) and from radio (19.8 percent). Religious groups hold the bottom position as the smallest source of information about HIV/ AIDS (1.0 percent). The information obtained from television is mostly received by men in the age group between 40 to 44 years old (88.4 percent). On the other hand, information from friends/ family members are mostly received by men in the age group between 15 to 19 years old (55.5 percent).

Information about HIV/AIDS from radio, television, newspapers, magazines, posters, schools, teachers, work places and the internet is mostly received by men who live in urban areas (city) rather than those live in rural areas. The most striking difference is information obtained from newspapers/ magazines. The proportion of men from urban areas who received their information about HIV/ AIDS from newspapers/ magazines is 46.9 percent as opposed 27.0 percent of men from the rural areas.

As expected, a person's level of education has a positive correlation with the information about HIV/ AIDS received from radio, television or newspapers/ magazines. The most significant difference appears in men who received their information from newspapers/ magazines. The percentage of uneducated men who received their information about HIV/ AIDS from newspapers/ magazines is only 7.2 percent, while among men with secondary school education or higher the figure is much higher at 58.2 percent.

Based on the wealth quintile index possessed, the proportion of men who received information about HIV/ AIDS from radio, television, newspapers/ magazines as well as from work places is increasing in line with the rising of wealth quintile index possessed. Meanwhile, the proportion of men who received their information about HIV/AIDS from friends/ family members appears to decrease in line with the rise of their economic status.

## 8.2 Knowledge of HIV/ AIDS prevention

Knowledge is one of the factors that influences someone's attitude and behavior. Lawrence Green and Marshall Kreuter in Sciavo (2007) stated that someone's knowledge is one of the predisposition factors that may influence a change in someone's behavior. An accurate knowledge about HIV/ AIDS is expected to prevent someone from adopting risky behaviors with regard to HIV/ AIDS. HIV prevention program is focused on delivering three principal messages related to one's behavior, which intended to break the chain of HIV infection, i.e. the use of condom, limiting one's sexual partner and being faithful to one's partner as well as postponing the exposure to sexual relationship or being abstinent. Table 8.3 presents the knowledge about HIV/ AIDS prevention.

**Table 8.3 Knowledge of HIV/ AIDS prevention**

Percentage of married men who provided answer for the following "special question": a person can reduce the risk of infection from AIDS virus by using condom during sexual intercourse, by having only one uninfected sexual partner and does not have any other partner, or by abstaining. According to their background characteristics, Indonesia 2012.

Background Characteristics	Don't know about HIV/ AIDS	Using condom	Only one partner	Using condom and limiting sexual partner	Number of men
<b>Age</b>					
15-19	(20.4)	(61.1)	(62.3)	(58.4)	28
20-24	15.9	52.6	63.3	43.0	345
25-29	14.6	60.9	63.8	50.4	1,127
30-39	11.1	65.8	69.6	55.8	3,449
40-49	20.4	56.3	60.1	47.3	3,065
50-54	31.8	43.2	49.4	35.8	1,292
<b>Areas of residence</b>					
Urban area	8.5	68.2	72.0	57.2	4,739
Rural area	27.2	48.4	53.2	40.6	4,567
<b>Education</b>					
No education	71.1	15.9	14.5	10.9	265
Some Primary	48.2	25.6	31.8	20.6	1,371
Complete Primary	25.1	49.3	51.6	38.2	2,118
Some Secondary (SMTA)	10.5	62.8	68.1	52.7	1,979
SMTA +	1.6	78.7	82.7	67.3	3,572
<b>Wealth quintile index</b>					
Lowest	40.6	33.8	40.4	27.7	1,596
Middle-low	26.0	49.2	52.3	38.9	1,866
Middle	14.1	58.0	62.6	47.3	2,008
Middle-high	9.1	68.6	72.8	59.2	1,962
Highest	2.8	78.6	81.8	68.7	1,875
<b>Total</b>	<b>17.7</b>	<b>58.5</b>	<b>62.8</b>	<b>49.1</b>	<b>9,306</b>

To find out how far HIV/ AIDS prevention program has been disseminated to the community, the 2012 IDHS has provided special questions on various ways to reduce the spread of HIV/ AIDS infection by using condom every time a person is having a sexual intercourse, and by limiting their sexual encounter to only one uninfected person.

**Figure 8.3** Percentage of knowledge about ways to avoid HIV/ AIDS infection among married men, Indonesia 2012

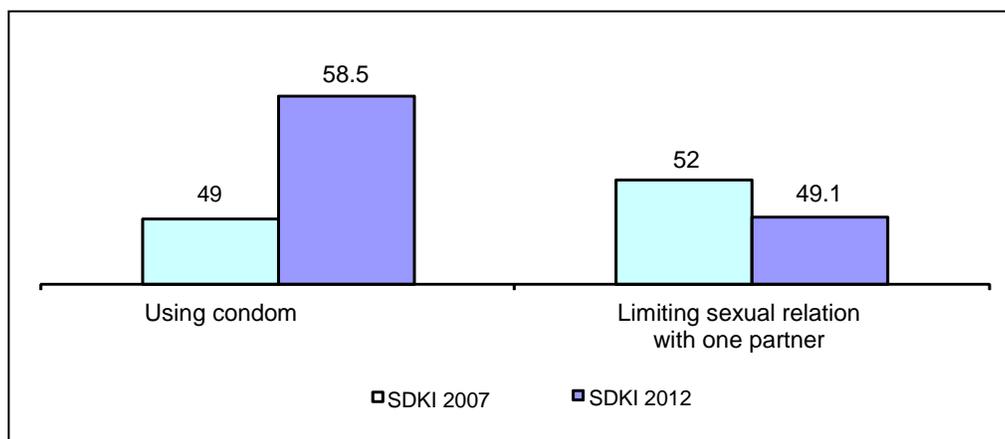


Table 8.3 and Figure 8.3 show the level of knowledge among men about ways to prevent HIV/AIDS infection based on their characteristic backgrounds. Among the various ways to prevent the transmission of HIV/ AIDS, the most common knowledge among the surveyed married is limiting sexual relationship to only one partner (62.8 percent). Another preventive measure known by the respondents is to use condom during sexual intercourse (58.5 percent).

Based on the type of residence, men who reside in an urban setting appear to know more ways to prevent the infection of HIV/ AIDS virus as opposed to their counterparts who live in rural areas. For instance, 68.2 percent of men who live in urban areas knew that using condom during sexual intercourse is one way to prevent HIV/ AIDS infection, compared to 48.4 percent of men in rural areas. Furthermore, the knowledge about different ways to prevent HIV/ AIDS infection increases in line with the level of education. The higher the education level or the wealth quintile index, the higher also their level of knowledge about HIV/ AIDS prevention.

### 8.3. Rejecting the misperception about HIV/ AIDS

Stigma and discrimination are the major obstacles in the fight to halt the spread of HIV/ AIDS. They are mostly stemmed from the common misperception about HIV/ AIDS; therefore, it is crucial to recognize the misperception about HIV/ AIDS that prevailed among the population to develop an effective intervention program.

The most common misperception about HIV/ AIDS include among others; 1) that a person who has HIV/ AIDS will always appear ill or unhealthy, 2) a perception that someone can get infected with HIV/ AIDS from mosquito bites or any other insects, 3) that someone can get infected with HIV/ AIDS from sitting on the same table during meal, or 4) someone may get infected with HIV/ AIDS from witchcraft or black magic (*santet* or *guna-guna*). A more comprehensive list is presented in Table 8.4 below.

**Table 8. 4 Comprehensive knowledge of HIV/ AIDS**

Percentage of married men who said that somebody who appear healthy may have AIDS and those who reject the misperception about infection and prevention of HIV/ AIDS, and the percentage of comprehensive knowledge regarding the prevention and infection of HIV/ AIDS, based on their background characteristics, Indonesia 2012

Background Characteristics	Respondents who said				A person who appear healthy may be infected by AIDS virus and who reject two of the most common perception <sup>1</sup>	Comprehensive knowledge about AIDS <sup>2</sup>	Number of men
	Healthy appearance may be infected with AIDS virus	Mosquito cannot transmit the AIDS virus	Witchcraft cannot transmit the AIDS virus	Sharing a meal cannot transmit the AIDS virus			
<b>Age</b>							
15-19	(70.3)	(38.4)	(40.4)	(34.4)	(16.1)	(4.0)	28
20-24	63.6	30.9	69.2	33.3	15.3	10.8	345
25-29	66.7	34.2	69.5	33.4	16.1	10.7	1,127
30-39	68.7	37.8	73.5	39.7	20.1	15.9	3,449
40-49	60.8	29.5	64.3	30.6	15.0	10.7	3,065
50-54	47.3	22.7	52.3	23.2	11.2	8.2	1,292
<b>Areas of residence</b>							
Urban area	72.2	39.1	78.0	41.3	21.3	16.0	4,739
Rural area	52.8	25.2	55.1	25.2	11.5	8.3	4,567
<b>Education</b>							
No education	15.4	8.7	18.8	4.7	2.3	2.1	265
Some Primary	30.0	12.9	33.5	12.9	5.0	3.4	1,371
Complete Primary	51.9	24.4	5.3	21.6	8.4	4.8	2,118
Some Secondary (SMTA)	68.8	31.2	71.3	31.1	13.8	10.1	1,979
SMTA +	83.4	49.0	88.6	53.9	28.2	24.4	3,572
<b>Wealth quintile index</b>							
Lowest	38.1	17.1	39.4	17.2	5.8	3.7	1,596
Middle-low	54.8	23.8	56.5	24.0	10.1	6.5	1,866
Middle	62.4	30.6	70.2	29.7	13.7	9.3	2,008
Middle-high	73.4	40.1	77.8	41.8	22.5	17.4	1,962
Highest	80.7	47.2	85.1	51.8	28.7	23.0	1,875
<b>Total</b>	<b>62.7</b>	<b>32.3</b>	<b>66.8</b>	<b>33.4</b>	<b>16.5</b>	<b>12.3</b>	<b>9,306</b>

<sup>1</sup> Two of the most common misperception are that HIV can be infected through mosquito bites and sharing meals with people living with HIV/ AIDS (ODHA)

<sup>2</sup> Comprehensive knowledge, i.e. using condom during sexual intercourse and having only one sexual partner can reduce the risk of HIV infection and the knowledge that a person who appear healthy may be infected with HIV and rejecting two of the most common perception regarding HIV infection

Table 8.4 shows the level of comprehensive knowledge regarding the prevention and infection of HIV/ AIDS. Comprehensive knowledge is defined as being aware that the use of condom during sexual intercourse and having only one sexual partner can reduce the risk of HIV/ AIDS infection. The knowledge that a person who appear healthy may be infected by HIV and rejecting two of the most common perception about HIV/ AIDS, namely that HIV/ AIDS can be transmitted from mosquito bites and sharing meal on the same table with people with AIDS (ODHA).

Table 8.4 also reveals that 62.7 percent of married men knew that a person who appears healthy might be infected with HIV/ AIDS virus. Quite a high number of respondents rejected the common misperception regarding HIV/ AIDS, namely that HIV/ AIDS could be transmitted through witchcraft or black magic. Around sixty-seven percent of men knew that HIV/ AIDS could not be transmitted through witchcraft or black magic. The figure for the other perceptions such as “mosquito bites cannot transmit HIV/ AIDS” and “sharing a table with someone who has HIV/ AIDS cannot transmit the virus” were 32.3 percent and 33.4 percent respectively. The percentage of men who said that a person who appear healthy might be infected with HIV/ AIDS virus and rejecting two of the most common misperception was at 16.5 percent, meanwhile, the number of married men with comprehensive knowledge about HIV/ AIDS was still low at 12.3 percent.

The men who knew that HIV/ AIDS could not be transmitted through witchcraft or black magic, and those who had a comprehensive knowledge about the infection and prevention methods of HIV/ AIDS,

formed a pattern resembling an upside down “U”, wherein the highest percentage was men in the age group between 30 to 39 years old.

The men who reside in urban areas had more knowledge regarding the infection and prevention of HIV/ AIDS, about HIV/ AIDS misperception, and had comprehensive knowledge about HIV/ AIDS in comparison to the men who lived in rural areas. For instance, the percentage of urban men who knew that a person who appears healthy may be infected with HIV/ AIDS virus was recorded at 72.2 percent, meanwhile, the figure for rural men was lower at 52.8 percent.

Based on the level of education and the wealth quintile index it can be discerned that the knowledge about infection and prevention of HIV/ AIDS increases in line with the level of education and status of the wealth quintile index possessed by the married men.

## **8.4 Knowledge of HIV/ AIDS and related issues**

HIV may be transmitted from a mother who is already infected with HIV to her newborn baby. According to the WHO, up to 30% of babies born from mother infected with HIV will be infected by the virus if the mother did not take the ART (Anti-Retroviral Therapy). Between 5 to 20 percent of babies may be infected from the mother’s breast milk (<http://spiritia.or.id/li/bacali?lino=611>). The knowledge about how HIV/ AIDS virus is transmitted from mother to baby and the reduced risk of infection from taking anti-retroviral medication is crucial in lowering the rate of transmission of HIV/ AIDS virus from mother to baby. Even though, the fetus in mother’s womb could be infected, most of the infection occurred during birth or while breast-feeding. A baby is more likely to get infected during a prolonged delivery process. During the delivery process, a baby is facing the risk of infection by being exposed to the mother’s blood. To assess the level of knowledge regarding the risk of transmission of HIV/ AIDS from mother to baby, the respondents were asked whether HIV/ AIDS could be transmitted from mother to baby during pregnancy, birth and while breast-feeding.

Table 8.5 shows the percentage of married men who knew that HIV/AIDS can be transmitted from a mother to her baby during pregnancy, birth and while breast feeding as well as the percentage of men who knew somebody with HIV/ AIDS or someone who has died because of HIV/ AIDS based on their characteristic backgrounds.

**Table 8.5 Knowledge of HIV/ AIDS and related issues**

Percentage of married men who knew that HIV can be transmitted from a mother to her baby during pregnancy, birth and while breast feeding as well as the percentage of men who knew somebody living with HIV/ AIDS or someone who has died because of HIV/ AIDS, based on their background characteristics, Indonesia 2012.

Background Characteristics	Percentage of men who said they knew that HIV/ AIDS can be transmitted from mother to baby:			Percentage of men who knew somebody with HIV (based on blood test)	Number of men
	During pregnancy	During birth	While breastfeeding		
<b>Age</b>					
15-19	(87.0)	(83.6)	(87.9)	(4.2)	28
20-24	75.3	64.2	79.5	9.2	345
25-29	73.5	66.1	74.9	11.0	1,127
30-39	78.1	68.1	74.2	16.1	3,449
40-49	81.4	68.9	76.6	13.3	3,065
50-54	73.6	62.5	73.6	9.1	1,292
<b>Areas of residence</b>					
Urban areas	82.1	71.7	76.7	19.0	4,739
Rural areas	72.6	61.7	73.3	7.4	4,567
<b>Education</b>					
No education	51.7	36.8	54.2	4.4	265
Some Primary	64.2	51.9	64.1	1.6	1,371
Complete Primary	65.9	58.5	70.3	5.6	2,118
Some Secondary (SMTA)	75.5	65.8	74.7	8.5	1,979
SMTA+	88.0	76.0	80.4	25.7	3,572
<b>Wealth quintile index</b>					
Lowest	62.9	54.5	63.9	5.8	1,596
Middle-low	72.5	61.7	72.7	6.6	1,866
Middle	75.1	67.0	78.4	10.1	2,008
Middle-high	83.7	72.1	78.5	15.0	1,962
Highest	86.9	74.0	76.8	28.0	1,875
<b>Total</b>	<b>78.0</b>	<b>67.4</b>	<b>75.2</b>	<b>13.3</b>	<b>9,306</b>

Table 8.5 shows that the number of married men who knew HIV/ AIDS could be transmitted from a mother to her baby is already quite high. The most common known method of transmission is that the virus can be transmitted during pregnancy (78.0 percent), while breast-feeding (75.2 percent), and the slightly less known method is that the virus can be transmitted during birth (67.4 percent). Additionally, the number of married men who knew somebody living with HIV/ AIDS was only 13.3 percent.

The percentage of married men who knew that HIV/ AIDS could be transmitted from a mother to her baby is higher among men who live in urban areas in comparison to those residing in rural areas. The higher the education and the wealth quintile index of the married men surveyed, the higher the knowledge that HIV/ AIDS can be transmitted from a mother to her baby.

## 8.5 Discussion on HIV/AIDS

In the 2012 IDHS, women and men who had been married before and said that they have heard about AIDS were then asked if they had discussed methods for preventing HIV/ AIDS with their spouses. Table 8.6 shows the percentage of married men who had discussed the methods for preventing HIV/ AIDS with their spouses, based on their characteristic backgrounds.

**Table 8.6 Discussing HIV/ AIDS with wife**

Distribution in percent of married men who had discussed the prevention of HIV/ AIDS with their wives, based on their background characteristics, Indonesia 2012

Background Characteristics	Discussed how to prevent HIV/ AIDS	Never discussed how to prevent HIV/ AIDS	Do not know/ Not answering	Never heard about HIV/ AIDS	Total	Number of men
<b>Age</b>						
15-19	(38.2)	(41.4)	(0.0)	(20.4)	100.0	28
20-24	21.3	62.9	0.0	15.9	100.0	345
25-29	20.7	64.1	0.5	14.6	100.0	1,127
30-39	26.0	62.8	0.1	11.1	100.0	3,449
40-49	22.3	57.3	0.1	20.4	100.0	3,065
50-54	15.7	52.5	0.0	31.8	100.0	1,292
<b>Areas of residence</b>						
Urban areas	27.8	63.5	0.2	8.5	100.0	4,739
Rural areas	17.1	55.6	0.1	27.2	100.0	4,567
<b>Education</b>						
No education	9.8	19.2	0.0	71.1	100.0	265
Some Primary	6.7	45.0	0.1	48.2	100.0	1,371
Complete Primary	12.4	62.4	0.1	25.1	100.0	2,118
Some Secondary (SMTA)	23.1	66.4	0.0	10.5	100.0	1,979
SMTA +	35.3	62.8	0.2	1.6	100.0	3,572
<b>Wealth quintile index</b>						
Lowest	13.2	46.2	0.1	40.6	100.0	1,596
Middle-low	16.8	57.1	0.1	26.0	100.0	1,866
Middle	20.2	65.6	0.1	14.1	100.0	2,008
Middle-high	24.6	66.0	0.3	9.1	100.0	1,962
Highest	36.7	60.5	0.1	2.8	100.0	1,875
<b>Total</b>	<b>22.6</b>	<b>59.6</b>	<b>0.1</b>	<b>17.7</b>	<b>100.0</b>	<b>9,306</b>

Table 8.6 shows that in general married men never discussed how to prevent HIV/ AIDS with their spouses. The percentage of men who claimed never discussed ways to prevent HIV/ AIDS with their spouses was 59.6 percent, meanwhile, 22.6 percent of them said they discussed ways to prevent HIV/ AIDS, and 17.7 percent said that they never heard about HIV/ AIDS.

There are more married men from the rural areas who lived far away from the cities who never heard about HIV/ AIDS compared to their counterparts who live in urban areas (27.2 percent compared to 8.5 percent). The higher the education and the wealth quintile index of the married men surveyed, correspond to the higher percentage of them who have discussed ways to prevent HIV/ AIDS with their spouses.

**Figure 8.4** Percentage of married men who discussed ways to prevent AIDS with their spouses, based on their education, Indonesia 2007 – 2012

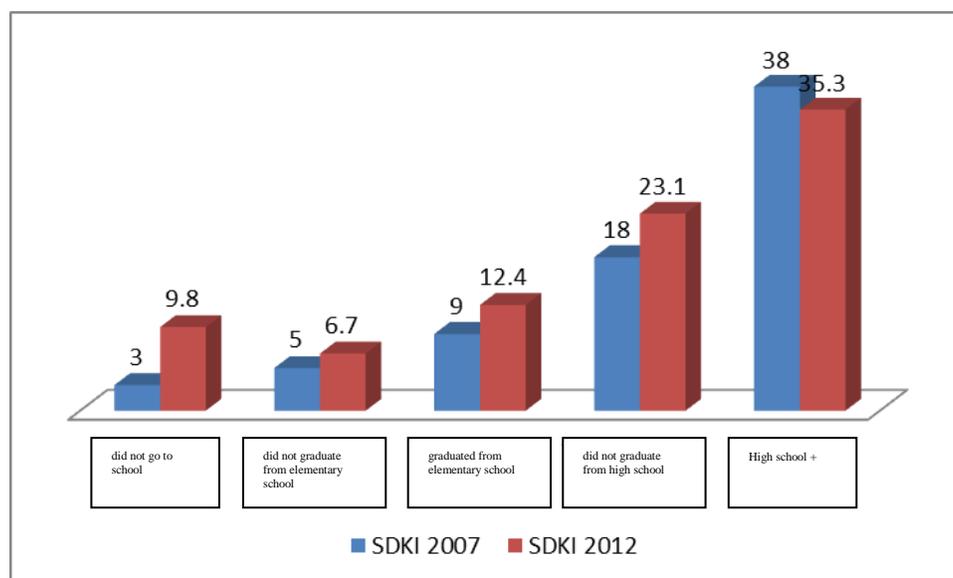


Figure 8.4 revealed that the figure for married men who no education and discussed ways to prevent HIV/AIDS with their spouses is higher than the figure for married men who some primary (10 percent compared to 7 percent). The pattern was slightly different from the result of 2007 IDHS.

## 8.6 Social Aspects of HIV/AIDS

Stigma and discrimination that prevailed among the community may negatively influence the willingness to undergo HIV testing and the compliance to take anti-retroviral medication. Decreasing the stigma and discrimination, therefore, is an important indicator to measure the success of the program to prevent and fight the spread HIV/AIDS. Table 8.7 illustrates the percentage of married men who displayed an attitude of accepting people living with HIV/AIDS ranked in order according to their characteristic background.

Background Characteristics	Percentage of respondents who said:					The number of respondents who have heard about AIDS
	Willing to look after a family member who is infected with HIV virus in their home	Willing to purchase vegetable from a who is seller infected with HIV virus	Female teacher who is infected with the HIV virus and not ill is allowed to continue teaching	Not keeping a family member who is infected with HIV virus as a secret	Percentage of acceptance on the four issues that are related to stigma	
<b>Age</b>						
15-19	*	*	*	*	*	22
20-24	77.1	18.3	37.5	46.4	5.3	290
25-29	77.2	30.2	45.8	49.7	10.5	962
30-39	76.1	31.7	45.3	56.7	11.8	3,065
40-49	72.7	29.5	42.2	63.7	12.2	2,440
50-54	71.8	28.4	37.2	62.0	10.8	881
<b>Areas of residence</b>						
Urban areas	77.7	33.9	49.2	57.1	13.0	4,335
Rural areas	70.9	24.7	35.4	59.7	9.4	3,326
<b>Education</b>						
No education	68.4	5.1	22.0	30.3	0.0	77
Some Primary	71.1	19.2	26.7	58.5	6.0	710
Complete Primary	76.0	21.4	34.7	57.2	0.8	1,587
Some Secondary (SMTA)	71.2	26.0	38.9	59.8	10.4	1,772
SMTA +	76.6	38.4	55.5	57.7	15.4	3,515
<b>Wealth quintile index</b>						
Lowest	68.7	20.2	26.5	56.2	5.7	949
Middle-low	71.0	25.6	33.9	61.3	8.5	1,381
Middle	72.2	26.8	39.1	56.2	9.7	1,724
Middle-high	80.0	32.3	50.5	59.9	14.1	1,785
Highest	77.9	38.7	55.5	57.3	15.6	1,823
<b>Total</b>	<b>74.7</b>	<b>29.9</b>	<b>43.2</b>	<b>58.3</b>	<b>11.4</b>	<b>7,661</b>

In the 2012 IDHS, married men who said that they have heard about AIDS were also asked about the stigma related to AIDS and the ones related to people living with HIV/AIDS (ODHA). The four issues in questions were as follows: 1. Is willing to look after a family member who is infected with the AIDS virus. 2. Is willing to purchase fresh vegetables from a seller who is infected with the AIDS virus. 3. A female teacher who is infected with HIV virus and is not ill is allowed to continue teaching. 4. Is not keeping a family member who is infected with the AIDS virus as a secret.

Among the four stigmas related to HIV/AIDS, the highest rate of acceptance is the one related to the willingness to look after a family member who is infected with HIV/AIDS in their home (74.7 percent). It is quite understandable since the person with AIDS is a member of their own family. The percentage of men who are not keeping a family member with AIDS as a secret is 58.3 percent. The percentage of men who are willing to accept a female teacher who is infected with HIV/AIDS virus and who is not ill and

will allow her to continue teaching is 43.2 percent. Meanwhile, 29.9 percent of the respondents are willing to buy fresh vegetables from a seller who is infected with HIV/ AIDS virus. Acceptance of the four issues related to stigma, actually is quite low at 11.4 percent.

Acceptance by married men who lived in urban areas with regard to the four issues related to stigmas is higher than the married men who lived in rural areas (13.0 percent as opposed to 9.4 percent). The higher the education level and the wealth quintile index of the married men surveyed, correspond to the higher percentage of their acceptance toward the four issues related to stigmas.

## 8.7. Risky sexual behavior

<b>Table 8.8 Risky sexual behavior in the last 12 months before the survey</b>		
Percentage of married men who had sexual relations in the last 12 months with someone who were not their wives or their spouses, based on background characteristics, Indonesia 2012.		
Background Characteristics	Percentage	Number of men
<b>Age</b>		
15-19	(2.1)	(28)
20-24	0.6	344
25-29	2.3	1,122
30-39	2.1	3,439
40-49	2.1	3,061
50-54	1.7	1,292
<b>Areas of residence</b>		
Urban areas	2.2	4,732
Rural areas	1.9	4,553
<b>Education</b>		
No education	0.6	265
Some Primary	2.4	1,367
Completed Primary	1.9	2,112
Some Secondary (SMTA)	2.1	1,977
SMTA +	2.0	3,564
<b>Wealth quintile index</b>		
Lowest	2.3	1,587
Middle-low	2.4	1,859
Middle	2.3	2,007
Middle-high	1.2	1,958
Highest	2.0	1,875
<b>Total</b>	<b>2.0</b>	<b>9,306</b>

Information pertaining to sexual behaviors is crucial in developing and monitoring the intervention program to break the chain of HIV/ AIDS infection. The 2012 IDHS contains questions to the married men surveyed about their experiences in procuring commercial sex in the last 12 months before the survey.

Table 8.8 illustrates the percentage of married men between the age of 15 to 54 years old with risky sexual behavior (by having a sexual encounter to somebody other than their wives or spouses) based on their characteristic backgrounds. Around two percent of the married men surveyed admitted of having a risky sexual behavior with partners outside their marriage or their spouses. Married men in the age group between 25 to 29 years old is the group with the highest percentage compared to other age group who claimed that they have never had any sexual encounters with somebody other than their wives in the last 12 months before the survey.

Group of married men who lived in urban areas or cities is the group with the highest percentage of risky sexual behavior; the same is also true for men who did not complete elementary education. Meanwhile, from the perspective of their wealth quintile index, the group of married men from the lower economic

strata is the group that committed most of the unsafe sex practices with persons who are not their spouses in the last 12 months before the survey.

## 8.8. Knowledge of other Sexually Transmitted Infections

Other sexually transmitted infections are the factors, among others, that increase the possibility of HIV infection. If a Sexually Transmitted Infection is left unchecked without the proper intervention, it will be harder to break the chain of HIV/ AIDS infection. The main strategy in the prevention of Sexually Transmitted is by improving the knowledge pertaining to the symptom of the diseases and where to find the necessary information.

Therefore, through the 2012 IDHS (Indonesia Demographic Health Survey, IDHS), the respondents were asked whether they have heard about other Sexually Transmitted Infection and for those who had, they would be asked further about the source of their information. The 2012 IDHS asked whether the respondents have heard about STI and what was the source of their information. Table 8.9 illustrates the percentage of married men who have heard about STI based on their characteristic backgrounds. In general, 48.2 percent of married men said that they have some knowledge about STI. The percentage of married men who knew about STI based on their age group resembled an upside down “U”, at the beginning, the percentage of men who knew about STI was low and increased and decreased again for the older age group (above 40 years old).

Men in the urban areas knew more about STI in comparison to their counterparts in the rural areas (60.6 percent as opposed to 35.3 percent). The higher the education of the men, the higher the percentage of them who knew about STI, and the better their economic status the higher the percentage of them who knew about STI.

<b>Table 8.9 Knowledge of other Sexually Transmitted Infection (STI)</b>		
Percentage of married men who have heard about other STI in addition to AIDS, according to Background characteristic, Indonesia 2012		
Background Characteristics	Percentage	Number of respondents
<b>Age</b>		
15-19	(33.3)	28
20-24	37.3	345
25-29	46.3	1,126
30-39	54.8	3,449
40-49	47.5	3,064
50-54	36.7	1,292
<b>Areas of residence</b>		
Urban areas	60.6	4,739
Rural areas	35.3	4,565
<b>Education</b>		
No education	14.4	265
Some Primary	19.5	1,370
Complete Primary	32.6	2,118
Some Secondary	47.9	1,978
SMTA +	71.0	3,572
<b>Wealth quintile index</b>		
Lowest	26.7	1,595
Middle-low	37.5	1,866
Middle	44.1	2,008
Middle-high	57.6	1,961
Highest	71.5	1,875
<b>Total</b>	<b>48.2</b>	<b>9,306</b>

Married men mostly obtain information about STI from friends/ family friends (31.5 percent), the next source is from TV (17.3 percent), as well as newspaper and magazines (10.5 percent). Meanwhile, the

percentage of married men who received their information from medical personnel is quite low at 4.2 percent (Table 8.10).

**Table 8.10 Information source on STI**

Percentage of married men who knew the about STI in addition to AIDS and the source of their information, based on their background characteristics, Indonesia 2012

Background Characteristics	Radio	Television	Newspaper/ magazines	Poster	Medical personnel	Religious groups	School/ teacher	Community group	Friends/ family	Place of work	Internet	Other	Number of men
<b>Age</b>													
15-24	3.3	14.0	3.8	0.3	2.4	0.2	3.6	1.2	24.7	4.3	2.2	1.9	373
15-19	0.0	4.3	7.4	1.7	0.0	0.0	2.2	0.0	22.5	1.9	1.2	0.0	28
20-24	3.6	14.8	3.5	0.2	2.6	0.2	3.7	1.3	24.9	4.5	2.3	2.1	345
25-29	4.5	14.4	10.0	0.7	2.9	0.0	3.5	0.9	32.1	9.7	2.6	1.0	1,127
30-39	4.3	20.7	12.1	2.0	4.6	0.2	3.2	0.9	34.1	11.5	2.3	1.7	3,449
40-49	3.1	16.8	10.7	2.0	4.5	0.1	2.4	0.8	31.3	9.2	1.2	1.8	3,065
50-54	3.3	13.2	7.6	0.9	3.9	0.1	0.5	1.3	26.3	5.6	0.1	0.9	1,292
<b>Areas of residence</b>													
Urban areas	5.0	23.6	16.2	2.3	4.9	0.2	3.7	1.3	37.7	13.5	2.8	2.2	4,739
Rural areas	2.5	10.8	4.5	1.0	3.4	0.0	1.5	0.6	25.0	5.2	0.5	0.8	4,567
<b>Education</b>													
No education	0.2	4.2	2.0	0.9	2.2	0.4	0.3	1.4	9.3	1.9	0.0	0.1	265
Some Primary	0.9	3.6	1.0	0.4	0.5	0.0	0.0	0.2	15.8	3.0	0.0	0.4	1,371
Complete Primary	1.6	9.0	1.6	0.5	1.8	0.2	0.0	0.1	23.4	6.5	0.0	0.4	2,118
Some Secondary (SMTA)	2.9	12.2	5.4	0.6	3.4	0.0	0.8	0.8	34.9	8.4	0.4	1.5	1,979
SMTA +	6.9	31.4	22.8	3.3	7.5	0.1	6.3	1.7	42.0	14.7	4.1	2.7	3,572
<b>Wealth quintile index</b>													
Lowest	1.2	5.8	1.8	0.5	2.0	0.1	0.9	0.4	19.9	3.7	0.1	0.7	1,596
Middle-low	2.5	9.9	3.6	0.3	2.3	0.0	1.1	0.7	28.4	5.9	0.6	0.9	1,866
Middle	3.8	14.0	7.0	1.0	4.2	0.0	1.6	0.5	29.6	8.4	0.5	1.0	2,008
Middle-high	4.0	22.2	11.9	2.0	4.4	0.3	2.9	0.9	38.4	11.6	1.5	2.3	1,962
Highest	6.8	33.1	26.9	4.1	7.6	0.1	6.3	2.1	39.1	16.6	5.5	2.7	1,875
<b>Total</b>	<b>3.8</b>	<b>17.3</b>	<b>10.5</b>	<b>1.6</b>	<b>4.2</b>	<b>0.1</b>	<b>2.6</b>	<b>0.9</b>	<b>31.5</b>	<b>9.4</b>	<b>1.7</b>	<b>1.5</b>	<b>9,306</b>

In general, the married men's level of knowledge with regard to STI, which they obtained from various sources, appear to be higher for the men residing in urban areas as opposed to those living in rural areas, and the figures tend to rise in line with the level of education and wealth quintile index.

## 8.9. Knowledge of symptoms related to Sexually Transmitted Infections

Knowledge about symptoms related to STI is quite crucial in encouraging someone to seek medical assistance. Knowledge about such matters will strengthen early detection efforts and in preparing the correct treatment.

In the 2012 IDHS, the married men surveyed were asked whether they knew about symptoms related to Sexually Transmitted Infections in men. The following table shows the level of knowledge about symptoms related to STI in men based on their characteristic backgrounds.

**Table 8.11 Knowledge of STI symptoms**

Percentage of married men who knew about symptoms related to STI in men based on background characteristics, Indonesia 2012

Background Characteristics	Does not know about STI symptoms	Knowledge about symptoms related to STI in men			Knowledge about symptoms related to STI in women			Number of men
		Cannot name STI symptoms	Named one STI symptoms	Named two or three STI symptoms	Cannot name STI symptoms	Named one STI symptoms	Named two or three STI symptoms	
<b>Age</b>								
15-24	63.0	13.0	17.1	6.9	34.7	2.1	0.1	373
15-19	(66.7)	(8.6)	(6.4)	(18.3)	(33.3)	(0.0)	(0.0)	28
20-24	62.7	13.4	18.0	6.0	34.9	2.3	0.1	345
25-29	53.6	16.7	25.6	4.0	43.2	3.1	0.0	1,127
30-39	45.2	20.6	28.7	5.5	50.1	4.3	0.4	3,449
40-49	52.5	19.2	23.6	4.7	42.4	4.8	0.3	3,065
50-54	63.3	16.0	17.0	3.7	34.2	2.4	0.1	1,292
<b>Areas of residence</b>								
Urban areas	39.4	22.7	31.6	6.3	54.3	5.8	0.4	4,739
Rural areas	64.7	14.7	17.3	3.3	33.2	2.0	0.1	4,567
<b>Education</b>								
No education	85.6	7.7	6.0	0.7	14.4	0.0	0.0	265
Some Primary	80.5	9.8	7.6	2.1	18.7	0.5	0.3	1,371
Complete Primary	67.4	14.8	15.2	2.6	31.6	0.9	0.1	2,118
Some Secondary (SMTA)	52.0	19.3	24.6	4.1	45.6	2.4	0.0	1,979
SMTA +	29.0	25.1	38.0	8.0	62.2	8.3	0.6	3,572
<b>Wealth quintile index</b>								
Lowest	73.3	10.4	13.0	3.3	25.7	0.9	0.1	1,596
Middle-low	62.5	14.8	19.0	3.8	35.3	2.0	0.2	1,866
Middle	55.9	18.7	22.2	3.1	40.8	3.2	0.1	2,008
Middle-high	42.4	20.7	30.8	6.1	52.8	4.2	0.7	1,962
Highest	28.5	27.8	35.9	7.8	62.0	9.1	0.4	1,875
<b>Total</b>	<b>51.8</b>	<b>18.8</b>	<b>24.6</b>	<b>4.9</b>	<b>43.9</b>	<b>4.0</b>	<b>0.3</b>	<b>9,306</b>

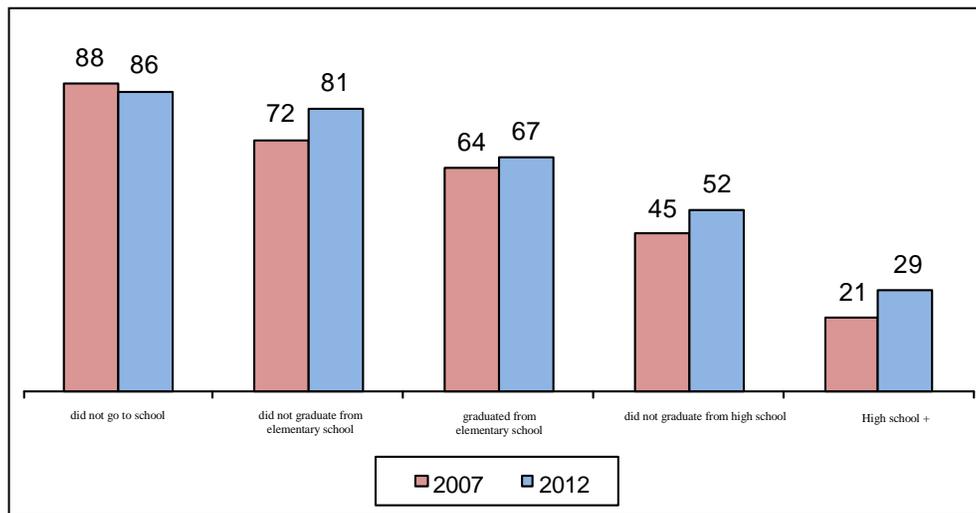
Table 8.11 shows that 51.8 percent of married men did not know about symptoms related to STI; meanwhile, among the men who claimed to know about STI symptoms, 4.9 percent of them knew two or more symptoms related to STI in men, 24.6 percent of men could name one symptom, and 18.8 percent of them could not name a single symptom.

On the other hand, men's knowledge about symptoms related to STI in women was quite low, less than one percent of married men were able to name two or more symptoms related to STI in women, meanwhile, around 43.9 percent of men could not name symptoms related to STI, i.e. meaning that one in four men knew about symptoms related to STI and could name symptoms related to STI in women.

Based on their place of residence, the majority of men who did not know about STI were those who lived in rural areas as opposed to men in urban areas (64.7 percent as opposed to 39.4 percent). However, there are more men in urban areas who could not name symptoms related to STI in women, in comparison to men who lived in rural areas (54.3 percent as opposed to 33.2 percent).

Men with a higher level of education could name one and two or more symptoms related to STI that occurred in men or the ones that occurred in women. Men's knowledge with regard to symptoms related to STI closely revealed a pattern of correlation with their economic status, the higher their economic status the more knowledge the men about symptoms related to STI in women.

**Figure 8.5** Percentage of married men who did not know about symptoms related to STI, based on education, Indonesia 2012



Based on Figure 8.5 above, it is obvious that the level of education of the married men surveyed is created a certain pattern with regard to STI's symptoms. The higher their education level the lesser the number of them who did not know about STI's symptoms. Compared to the 2007 survey, the percentage of those surveyed and who did not know about STI's symptoms based on their level of education tend to rise at every level, meanwhile, in the group of men who no education, the percentage of these men who did not know about STI's symptom was in fact slightly decreased in 2012 in comparison to the 2007 figure.

### 8.10 The prevalence of Sexually Transmitted Infection (STI) based on respondents' report

Respondents who previously had had sexual relation were asked whether they had experienced the diseases, which were transmitted through sexual relation in the last 12 months, or whether they had wound or boil in their genital area. Table 8.12 shows the prevalence and STI's symptoms based on the report made by the married men surveyed.

The 2012 IDHS revealed that less than one percent of married men claimed that they had experienced STI in the last 12 months. However, around 1.4 percent had experienced STI's symptom in the form of wound or boil in their genital area. The prevalence of STI or the highest STI symptoms occurred among the 20 to 24 years age group, lie in rural areas, graduated from elementary school and belonged to the middle to lower wealth quintile group.

**Table 8.12 Prevalence and STI's symptoms**

Percentage of married men who had had sexual relation and experienced STI or STI's symptoms in the last 12 months before the survey, based on their background characteristics, Indonesia 2012

Background Characteristics	Infected with STI	Wound/ boil in the genital area	STI/ emitting liquid from genital/ wound or boil	Number of men
<b>Age</b>				
15-19	(0.0)	(2.1)	(2.1)	28
20-24	0.5	2.6	2.8	342
25-29	0.0	1.9	1.9	1,115
30-39	0.2	1.1	1.2	3,422
40-49	0.2	1.4	1.6	3,039
50-54	0.0	1.1	1.1	1,270
<b>Areas of residence</b>				
Urban areas	0.1	1.0	1.1	4,722
Rural areas	0.1	1.7	1.8	4,495
<b>Education</b>				
No education	0.0	0.7	0.7	258
Some Primary	0.0	1.6	1.6	1,349
Complete Primary	0.1	1.9	1.9	2,097
Some Secondary (SMTA)	0.2	1.5	1.7	1,959
SMTA +	0.2	1.1	1.2	3,553
<b>Wealth quintile index</b>				
Lowest	0.1	2.0	2.1	1,569
Middle-low	0.0	1.1	1.1	1,850
Middle	0.4	1.9	2.1	1,988
Middle-high	0.1	0.9	0.9	1,946
Highest	0.1	1.0	1.0	1,864
<b>Total</b>	<b>0.1</b>	<b>1.4</b>	<b>1.4</b>	<b>9,306</b>

## 8.11 Knowledge of HIV/ AIDS and sexual behavior in adolescents and young adults

This section discusses the knowledge related to knowledge about HIV/ AIDS in adolescents and young adults in adolescents and young adults aged between 15 to 24 years old. Specific focus is given to these groups because the study conducted by UNICEF Indonesia 2012, revealed an alarming fact that 30 percent of young adults between the ages of 15 to 24 years old had a higher prevalence of HIV. The study also revealed that one third of the young adults' population has had at least one sexual relation. The comprehensive knowledge about HIV infection and the age when a person had their first sexual encounter is reported in the following paragraphs.

**Table 8.13 Comprehensive knowledge in adolescents and young adults groups**

Percentage of young married men between the age of 15 to 24 years old with a comprehensive knowledge on AIDS, based on Background characteristics , Indonesia 2012

Background Characteristics	Married men	
	Percentage of respondents with a comprehensive knowledge on AIDS <sup>1</sup>	Number of respondents
<b>Age</b>		
15-19	(4.0)	28
15-17	*	2
18-19	4.3	26
20-24	10.8	350
20-22	7.4	138
23-24	13.0	212
<b>Marital status</b>		
Married	10.9	375

<b>Areas of residence</b>		
Urban areas	11.5	149
Rural areas	9.4	228
<b>Education</b>		
No education	*	6
Some Primary	(0.0)	37
Complete Primary	6.9	63
Some Secondary (SMTA)	5.6	132
SMTA+	29.9	140
<b>Wealth quintile index</b>		
Lowest	3.2	101
Middle-low	10.0	105
Middle	17.6	65
Middle-high	10.6	79
Highest	(26.8)	28
<b>Total</b>	<b>10.3</b>	<b>378</b>
<sup>†</sup> Comprehensive knowledge: the knowledge that by using condom in a consistent manner during sexual intercourse and having a sexual relation with a single partner uninfected with HIV virus can greatly reduce the risk of HIV infection, knowing that somebody who appear healthy may have HIV virus and reject at least two misperceptions with regard to prevention and transmission of AIDS. Components of the comprehensive knowledge are presented in Table 8.4.		

To understand how HIV is transmitted is very crucial in raising the awareness in order to protect oneself from being exposed to HIV virus. Adolescents and young adults are the vulnerable group in this context because psychologically they are in the experimental stage of their lives and therefore are more vulnerable due to the risky sexual behaviors they follow. This indicator is one of the indicators set forth in the Millennium Development Goals that must be periodically monitored by all developing countries.

As discussed in the previous sub-chapter, comprehensive knowledge is defined as having an all-inclusive knowledge on the following five items: 1) a person may greatly reduce his risk of exposure to HIV by limiting sexual relation to one uninfected partner; 2) using condom in a consistent manner; 3) somebody who appear healthy may have HIV/ AIDS; and 4) HIV cannot be transmitted from mosquitos bites; or 5) having a meal with somebody who has HIV/ AIDS (ODHA).

Table 8.13 shows composite indicators with regard to the comprehensive knowledge among the groups of adolescents and young adults according to their characteristic backgrounds. The 2012 IDHS revealed a rather low portion (10.3 percent) of married adolescents and young adults who had a comprehensive knowledge about HIV/ AIDS.

Comprehensive knowledge about HIV/ AIDS in young men in urban areas is higher than their counterparts in the rural areas (i.e. 11.5 percent as opposed to 9.4 percent). The higher level of comprehensive knowledge is closely related to the level of education.

**Table 8.14 Age when a person is having his first sexual relation among adolescents**

Percentage of married men between the age of 15 to 24 years old who had their first sexual relation before the age of 15 and the percentage of married men between the age of 18 to 24 years old who had their first sexual relation before the age of 18 years old, based on Background characteristics, Indonesia 2012.

Background Characteristics	Married men			
	Percentage of men who had their first sexual relation before the age of 15 years old	Number of respondents (15-24 years old)	Percentage of men who had their first sexual relation before the age of 18 years old	Number of respondents (18-24 years old)
<b>Age</b>				
15-19	21.0	28	NA	NA
15-17	0.0	2	NA	NA
18-19	22.5	26	54.1	26
20-24	1.7	345	8.6	345
20-22	3.0	136	10.7	136
23-24	0.8	209	7.2	209
<b>Marital status</b>				
Married	3.1	373	11.8	371
<b>Areas of residence</b>				
Urban areas	3.0	146	12.2	146
Rural areas	3.2	227	11.6	225
<b>Education</b>				
No education	*	6	*	6
Some Primary	2.2	37	23.9	37
Complete Primary	2.0	61	13.2	61
Some Secondary (SMTA)	7.2	129	14.7	128
SMTA +	0.2	119.5	5.7	69.5
<b>Total</b>	<b>3.1</b>	<b>373</b>	<b>11.8</b>	<b>371</b>

Considering that Indonesia is a country with a concentrated epidemic status, in which the main infection channel is through the use of unsafe injection needle among injecting drug user, and through heterosexual relation between infected person and uninfected person, the age when a person is having his first sexual relation is influencing the length of exposure to HIV virus.

Table 8.14 showed the proportion of married men in the groups between 15 to 24 years old and between 18 to 24 years old who had their first sexual encounter before the age 15 years and 18 years respectively. Group analysis revealed that in the 15 to 24 years group, three out of 100 men (3.1 percent) had their first sexual encounter when they were still less than 15 years old, meanwhile, 11.8 percent of men had their first sexual encounter before the age of 18.

## 8.12. Knowledge of Voluntary Counseling and Testing (VCT)

Knowledge about one's HIV status will prompt somebody with an HIV negative status to make an important decision with regard to reducing the risk of infection and maintaining a safe sex practice, to maintain their AIDS free status. As for those with a positive HIV status, this knowledge will prompt them to take precautionary measures to protect their sexual partner from infection and to seek access to treatment for them and to plan for the future.

Knowledge about one's HIV status is one of the components in the fight against HIV/ AIDS. Knowing the status will open the access to various prevention and care services, as well as support and treatment for HIV/ AIDS. In 2013, it was estimated that there were 179, 764 people living with AIDS (ODHA) in Indonesia (statistics on HIV/ AIDS cases, 2013), meanwhile, a report prepared by the Ministry of Health revealed that throughout 2013 only 9 percent of HIV/ AIDS cases that were covered through VCT program. In view of the vast gap between the estimated people with AIDS (ODHA) at national level and

program's coverage, the Government is hard at work to improve VCT service with regard to its quantity and quality to widen its national coverage.

**Table 8.15 Knowing somebody with HIV/ AIDS infection**

Percentage of married men who knew somebody who is infected with HIV/ AIDS, based on Background characteristics, Indonesia 2012

Background Characteristics	Physical appearance	Changes in behavior	Blood test/ VCT	Does not know	Does not answer	Number of men
<b>Age</b>						
15-19	36.1	2.8	4.2	39.4	24.6	28
20-24	26.9	4.8	9.1	46.9	25.6	350
25-29	26.5	3.0	11.0	44.3	28.3	1,133
30-39	29.0	3.2	16.2	42.9	26.9	3,443
40-49	25.7	2.5	13.3	38.4	35.0	3,063
50-54	19.3	1.6	9.1	37.7	42.6	1,289
<b>Areas of residence</b>						
Urban areas	32.8	3.2	19.0	39.7	26.6	4,739
Rural areas	19.4	2.4	7.4	42.4	37.3	4,567
<b>Education</b>						
No education	8.0	2.0	4.4	17	75.1	265
Some Primary	8.0	1.0	1.6	39	52.6	1,371
Complete Primary	14.0	1.1	5.6	50	35.1	2,118
Some Secondary (SMTA)	25.1	3.1	8.5	51	22.6	1,979
SMTA +	42.4	4.3	25.7	33	23.9	3,572
<b>Wealth quintile index</b>						
Lowest	13.3	2.1	5.8	38	47.9	1,596
Middle-low	18.8	2.5	6.6	45	35.8	1,866
Middle	24.8	2.0	10.1	48	26.1	2,008
Middle-high	33.1	3.0	15.0	41	25.0	1,962
Highest	39.0	4.3	28.0	32	27.6	1,875
<b>Total</b>	<b>26.2</b>	<b>2.8</b>	<b>13.3</b>	<b>41</b>	<b>31.8</b>	<b>9,306</b>

In order to assess public awareness regarding VCT service, in the 2012 IDHS, the respondents were asked if they knew how to recognize somebody who is infected with HIV, whether they knew about HIV testing which is preceded by a counseling and where such a service can be obtained.

The married men surveyed were asked how to identify somebody who is infected with HIV, in which 41 percent of them said they did not know. Those who claimed to know claimed that a person with HIV could be identified from physical appearance alone (26 percent), some said from blood test results or VCT (13 percent). The least mentioned method for identification was changes in behavior (3 percent). In general, the level of knowledge of married men with regard to identifying HIV infection, which were obtained from various sources, was higher among men who lived in urban areas in comparison to men who lived in rural areas.

According to their age group, the number of men who knew that HIV/ AIDS infection could be discovered from blood test results or VCT, formed a pattern resembling an upside down "U", wherein the highest point was the group between the age 30 to 39 years old (16 percent). There were more men in urban areas who knew somebody with HIV/ AIDS in comparison to men who lived in rural areas. Based on their level of education, the group of married men who graduated from high school or higher knew more people infected with HIV/ AIDS. The same was also true from the perspective of their wealth quintile index, wherein the number of men who knew somebody infected with HIV/ AIDS was higher in men with the highest wealth quintile index.

**Table 8.16 Knowledge of VCT**

Percentage of married men who have heard about Voluntary Counseling Testing (VCT) on HIV, based on Background characteristics, Indonesia 2012

Background characteristics	Percent	Number of men
<b>Age</b>		
15-24	5.9	353
15-19	4.1	22
20-24	6.1	294
25-29	8.9	968
30-39	11.4	3,058
40-49	12.2	2,437
50-54	7.1	878
<b>Areas of residence</b>		
Urban areas	13.7	4,334
Rural areas	6.7	3,323
<b>Education</b>		
No education	1.9	77
Some Primary	2.7	708
Complete Primary	4.1	1,586
Some Secondary (SMTA)	5.8	1,772
SMTA +	17.7	3,515
<b>Wealth quintile index</b>		
Lowest	5.4	947
Middle-low	5.1	1,380
Middle	8.4	1,723
Middle-high	11.3	1,784
Highest	19.0	1823
<b>Total</b>	<b>10.6</b>	<b>7,658</b>

In response to the query whether they knew about the counseling prior to HIV testing, Table 8.16 showed that 11 percent of married men who said that they have heard about HIV/ AIDS also knew about Voluntary Counselling and Testing (VCT). Their knowledge about VCT based on age showed an irregular pattern. The highest proportion were those in the age group between 40 to 49 years old (12 percent), men who lived in urban areas with high school education or higher and higher wealth quintile index, were more likely to have heard about VCT compared to other groups. The most significant difference could be discerned from their level of education. Only around 3 percent of men who did not finished elementary school said that they have heard about VCT, this figure rose to 18 percent among men who with high school education or higher.

Table 8.17 showed that the men's knowledge about where to seek VCT services was quite low. The most mentioned place to seek for VCT services according to these men were government hospital (4 percent). Married men who lived in urban areas knew more about the location of VCT service compared to those in the rural areas. Knowledge about the existence of VCT service in government hospital increased in line with the level of education. The same was also true from the wealth quintile index, the lowest percentage belonged to the men with the lowest wealth quintile index and the highest percentage belonged to the men with the highest wealth quintile index.

**Table 8.17 Know where to seek VCT service**

Percentage of married men who knew where to seek VCT service, based on Background characteristics, Indonesia 2012

Background characteristics	Public hospitals	Public Puskesmas	Public clinic	Public VCT clinic	Other Public facilities	Private hospital	Private clinic	private VCT clinic	Private physician	Private nurse/midwife	Other private facilities	Not answering	Number of men
<b>Age</b>													
15-24	1.6	0.5	0.0	0.2	0.1	0.3	0.0	1.2	0.0	0.0	0.0	96.9	378
15-19	2.1	0.0	0.0	0.0	0.0	0.0	0.0	2.1	0.0	0.0	0.0	97.9	28
20-24	1.6	0.5	0.0	0.2	0.2	0.3	0.0	1.1	0.0	0.0	0.0	96.8	350
25-29	3.1	1.6	1.0	0.3	0.4	0.6	0.4	0.1	0.2	0.1	0.0	95.0	1,133
30-39	5.0	1.3	0.2	0.5	0.4	1.3	0.3	0.3	0.5	0.0	0.2	93.2	3,443
40-49	4.4	1.1	0.3	0.3	0.6	1.1	0.1	0.2	0.3	0.0	0.4	93.8	3,063
50-54	2.7	0.5	0.0	0.2	0.1	0.4	0.0	0.1	0.1	0.0	0.3	96.8	1,289
<b>Areas of residence</b>													
Urban areas	6.2	1.4	0.4	0.4	0.5	1.6	0.3	0.3	0.2	0.0	0.3	92.1	4,739
Rural areas	2.0	0.8	0.2	0.2	0.3	0.4	0.1	0.1	0.4	0.0	0.2	96.5	4,567
<b>Education</b>													
No education	0.2	0.0	0.0	0.0	0.2	0.2	0.0	0.0	0.0	0.0	0.0	99.5	265
Some Primary	0.3	0.2	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	99.5	1,371
Complete Primary	1.1	0.4	0.0	0.0	0.0	0.4	0.0	0.0	0.6	0.0	0.1	98.0	2,118
Some Secondary (SMTA)	2.0	1.1	0.1	0.1	0.3	1.1	0.0	0.1	0.1	0.1	0.0	96.8	1,979
SMTA +	8.8	2.1	0.6	0.8	0.8	1.8	0.4	0.6	0.5	0.0	0.6	88.2	3,572
<b>Wealth quintile index</b>													
Lowest	1.4	0.3	0.1	0.4	0.0	0.2	0.1	0.3	0.3	0.0	0.0	97.9	1,596
Middle-low	1.6	0.3	0.1	0.2	0.1	0.3	0.1	0.1	0.2	0.1	0.1	97.8	1,866
Middle	3.0	1.0	0.4	0.2	0.5	1.1	0.3	0.1	0.2	0.0	0.1	95.7	2,008
Middle-high	5.3	1.6	0.2	0.3	0.5	1.3	0.0	0.4	0.5	0.0	0.4	92.1	1,962
Highest	8.8	2.3	0.7	0.7	1.0	2.1	0.4	0.4	0.5	0.0	0.5	88.4	1,875
<b>Total</b>	<b>4.1</b>	<b>1.1</b>	<b>0.3</b>	<b>0.3</b>	<b>0.4</b>	<b>1.0</b>	<b>0.2</b>	<b>0.2</b>	<b>0.3</b>	<b>0.0</b>	<b>0.3</b>	<b>94.3</b>	<b>9,306</b>



# ***Bibliography***

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Hollerbach, P.E. (1980) Power in families, communication, and fertility decision-making. *Population and Environment* 3:146-173.

Kim, C.H., and S.J. Lee (1973) Role of husband in family planning behavior. *Psychological Studies in Population (Family Planning)* 1 (5). Seoul: Korean Institute for Research in the Behavioral Sciences.

“Unwanted pregnancy and Associated Factors Among Nigerian Women”, Akinrinola Bankole, Gilda Sedgh, Boniface Oye-Adeniran, Isaac F. Adewole. *International Family Planning Perspectives*, 2006, 32[4]:175-184.

Bloom, SS, Tsui, AO, Plotkin, M, & Bassett, S 2000, “What husbands in northern India know about reproductive health: correlates of knowledge about pregnancy and maternal and sexual health”, *Journal of Biosocial Science*, 32(2), 237-251.

Brugha, RF, Kevany, JP, & Swan, AV 1996, ‘An investigation of the role of fathers in immunization uptake’, *International journal of epidemiology*, 25(4), 840-845.

Dudgeon, MR, & Inhorn, MC 2004, ‘Men's influences on women's reproductive health: medical anthropological perspectives’, *Social science & medicine*, 59(7), 1379-1395.

Engle, PL 1997, ‘The role of men in families: Achieving gender equity and supporting children’, *Gender & Development*, 5(2), 31-40.

Kululanga, LI, Sundby, J, & Chirwa, E 2011, ‘Striving to promote male involvement in maternal health care in rural and urban settings in Malawi-a qualitative study’, *Reproductive health*, 8(1), 36.

McLeroy, KR, Bibeau, D, Steckler, A, & Glanz, K 1988, ‘An ecological perspective on health promotion programs’, *Health Education & Behavior*, 15(4), 351-377.

Nejad, VM 2005, ‘Couples’ attitudes to the husband’s presence in the delivery room during child birth’, *Eastern Mediterranean Health Journal*, 11(4), 829.

Premberg, A, & Lundgren, I 2006, ‘Fathers’ experiences of childbirth education’ *The journal of perinatal education*, 15(2), 21.

Rama Rao, S, Caleb, L, Khan, ME, & Townsend, JW 2001, ‘Safer maternal health in rural Uttar Pradesh: do primary health services contribute’, *Health policy and planning*, 16(3), 256-263.

Rammohan, A, Awofeso, N, & Fernandez, RC 2012, ‘Paternal education status significantly influences infants’ measles vaccination uptake, independent of maternal education status’, *BMC public health*, 12(1), 336.

Sarkadi, A, Kristiansson, R, Oberklaid, F, & Bremberg, S 2008, ‘Fathers’ involvement and children's developmental outcomes: a systematic review of longitudinal studies’, *Acta Paediatrica*, 97(2), 153-158.

Badan Koordinasi Keluarga Berencana Nasional (2000). *Kebijaksanaan Tehinis Program KB dan Kesehatan Reproduksi*, BKKBN

Badan Koordinasi Keluarga Berencana, the World Bank, 2002. *Bahan Pembelajaran: Peningkatan Partisipasi Pria dalam KB dan Kesehatan Reproduksi*. Jakarta: BKKBN

Badan Koordinasi Keluarga Berencana Nasional, 2002, *Seri Booklet Peningkatan Partisipasi Pria. Kontrasepsi Alamiyah: Direktorat Peningkatan Partisipasi Pria*. Jakarta: BKKBN

- Badan Koordinasi Keluarga Berencana Nasional, 2004. Peningkatan Partisipasi Pria Dalam KB dan Kesehatan Reproduksi. Jakarta: BKKBN.
- Badan Pusat Statistik (BPS), BKKBN, Departemen Kesehatan, ORC Macro (2007). Survei Demografi dan Kesehatan Indonesia 2007, Calverton, Maryland, USA: ORC Macro.
- Kristanti Ch, Ratna Budiarmo, Pengetahuan Ibu tentang AIDS, IDHS 1997. Buletin Penelitian dan Kesehatan 26 (4) (1998/1999, hal 160-169.
- Pusat Studi Biomedis dan Reproduksi Manusia (PUBIO)-BKKBN, 1999. Studi Peningkatan Peran Pria dalam Keluarga Berencana di DKI Jakarta dan DI Yogyakarta, Jakarta: BKKBN.
- Puslitbang KB dan Kesehatan Reproduksi – BKKBN, 2000. Studi Operasional Peningkatan Peran Pria dalam Keluarga Berencana dan Kesehatan Reproduksi. Jakarta: BKKBN.
- Puslitbang KB dan Kesehatan Reproduksi – BKKBN. Studi peran Pria dalam Penggunaan Kontrasepsi di Jawa Barat dan Sumatera Selatan. Jakarta: BKKBN.
- Ditjen PP & PL Kemenkes RI, 2014. [Statistik Kasus HIV/AIDS 2013. Jakarta](#)
- Puslitbang KB dan Kesehatan Reproduksi, 2002. Studi Kualitatif: Identifikasi Sasaran KhalayakPartisipasi Pria dalam Keluarga Berencana dan Kesehatan Reproduksi di Provinsi Jawa Tengah dan Jawa Timur: BKKBN, Jakarta.
- [http://id.wikipedia.org/wiki/HIV/AIDS\\_di\\_Indonesia](http://id.wikipedia.org/wiki/HIV/AIDS_di_Indonesia). Diunduh pada tanggal 17 Maret 2014 jam. 16.50 WIB.
- dr. HM. Subuh, MPPM. Seminar Nasional. “Wujudkan Masyarakat Sehat Bebas HIV-AIDS, Langkah Strategis mencapai MDG’s 2015”. Diunduh dari <http://www.unej.ac.id/index.php/id/berita/akademik/146-pengetahuan-masyarakat-akan-hiv-aids-masih-rendah.html>. Pada tgl 17 Maret 2014 Jam 17.45 WIB.
- “Bagaimana Bayi Tertular HIV? “ 15 Juni 2013. Diunduh dari <http://spiritia.or.id/li/bacali.php?lino=611> pada tgl 19 Maret 2014 jam 10.50 WIB
- Schiavo, Renata. Health Communication: from theory to practice, San Fransisco: John Wiley & Sons. Inc. 2007.
- Jensen, R. and R. Thornton, ‘Early female marriage in the developing world’, Gender and Development, vol. 11, no. 2, 2003, pp. 9–19.
- Tjaja, Ratna P., ‘Wanita Bekerja dan Implikasi Sosial’, Ratna P. Tjaja, Bappenas, Naskah no. 20, 2000.
- C Yang dkk, Peer norms and consistent condom use with female sex workers among male clients in Sichuan province, China. [Soc Sci Med](#). 2010 Aug;71(4):832-9. doi: 10.1016/j.socscimed.2010.04.039. Epub 2010 May 25.
- Flood Michael, Lust, Trust and Latex: Why young heterosexual men do not use condoms, 2003. Tue, 27 Oct 2009 - 20:43
- [www.unicef.org/id/A4 - B Ringkasan kajian HIV.pdf](http://www.unicef.org/id/A4_-_B_Ringkasan_kajian_HIV.pdf). Respon terhadap HIV & AIDS. Diunduh pada tanggal 26 Agustus 2014 jam 15.30 WIB.

