Indicators and Correlates of Adolescent Pregnancy in Indonesia

Results from 2010 Population Census and
2012 Indonesian Demographic and Health Survey

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Dr. Iwu Utomo

Dr. Ariane Utomo

Australian Demographic and Social Research Institute

The Australian National University

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EXECUTIVE SUMMARY

This report provides an overview of the demographic data of adolescent pregnancy in Indonesia. This report outlines pertinent indicators and correlates of adolescent pregnancy in Indonesia using two major data source: 2010 Indonesian Population Census and 2012 Indonesian Demographic and Health Surveys (IDHS).

Data from the Population Censuses series 1971-2010 indicated that over time, the age specific fertility rates had declined from 155 to 41 births per 1000 women aged 15-19. In 2010, adolescent fertility rates were highest in the province of Central Kalimantan (69 births per 1000 women aged 15-19), and lowest in Jakarta (17 births per 1000 women aged 15-19). Data from the 2012 IDHS indicated that about 19 percent of women aged 18had already had their first sexual intercourse. The onset of sexual intercourse is closely related to union formation. It is estimated that 9.8 percent of all women aged 15-19 had experienced pregnancy. This percentage covers those who had given birth, those who were currently pregnant at the time of the survey, and/or those who had ever terminated a pregnancy. It is estimated that 73 percent of ever married/in union women aged 15-19 had experienced pregnancy.

The results of the multivariate analyses presented in this study are in line with the results of the earlier literature review that pointed to socio-economic disadvantage as a primary driver of early childbearing in developing countries. Among women aged 15-19, the likelihood of having becoming pregnant was higher among those who live in rural areas, had relatively lower education attainment, and among those who came from households with a relatively low wealth index score. About 6 percent of women who were ever in union reported that they had terminated a pregnancy. The corresponding figure for never married women was very small (0.02%).

Over 60 percent of teen mothers and mothers-to-be lived in rural areas and 95 percent were married at the time of the survey. About three quarters of teen mothers were not employed at the time of the survey. One in 10 teen mothers in union have husbands/partners who are also teenagers. Most teen mothers therefore, have older husbands/partners. While knowledge of contraception among teen mothers is high, about one third of teen mothers had never heard of sexually transmitted diseases and AIDS.

Future research on the correlates and effects of adolescent pregnancy on both the young mothers and their children in Indonesia will benefit from analyses based on longitudinal datasets. Furthermore, as opposed to relying on estimates from large surveys, micro quantitative and qualitative studies on young people will generate more reliable estimates and the much needed insights on the prevalence of premarital sex, abortion, and adolescent pregnancy, and the needs for reproductive health education and services for men and women in this age group.

1. Introduction

The theme of both World Population Day 2013 and the State of World Population 2013 is "Adolescent Pregnancy". Globally, it is estimated that 16 million girls aged 15-19 gave birth each year (World Health Organization, 2011). In many parts of the world, adolescent pregnancy is closely associated with unsafe abortions. Across developing countries, complications from pregnancy and unsafe abortion are the leading cause of death for girls aged 15-19 (Gennari, 2013; Gray, Azzopardi, Kennedy, Willersdorf, and Creati, 2013). With an estimated 3 million unsafe abortions taking place annually among girls in this age group across developing countries (World Health Organization, 2011), and given that pregnant teenagers face double the risk of dying from pregnancy-related complications compared to women in their 20s (Gennari, 2013), there are many health repercussions of adolescent pregnancy. However, aside from being a major public health issue, adolescent pregnancy is also a pertinent development issue. Whether it occurs inside or outside of

marriage, adolescent pregnancy derails young women's trajectories in their transition to adulthood, and casts a shadow of lost opportunities for these women, their families, and their surrounding communities. In addition, studies have also highlighted the negative association between adolescent motherhood and child outcomes. In developing countries, adolescent mothers are less likely to use maternal and childhealth services (LeGrand et al, 1993; Reynolds, et al, 2006), and children of adolescent mothers face higher risks of low birth weight, increased risk of infant mortality and poor education and socio-economic prospects (Hofferth, 1987; Botting, et al, 1998).[1]

The UN's 2010 World Population Prospects estimated that 1.7 million women and girls under the age of 24 give birth annually in Indonesia, and almost half a million are teenagers (United Nations, 2011). Data from the Indonesian Demographic and Health Surveys (IDHS) indicated that the Age Specific Fertility Rate (ASFR) for women aged 15-19 had fallen from 67 births per 1000 married women in 1991 to 35 births per 1000 women in 2007 (BPS-Statistics Indonesia and Macro International, 2008). However, despite the declining trend in adolescent ASFR between 1991 and 2007, sizeable disparities among provinces, regions, and socio-economic segments of the population remain. In addition, a preliminary estimate from 2012 IDHS suggests an increase in the adolescent ASFR to 48 births per 1000 (Susanto, 2013). This ambiguous trend in adolescent fertility in the past two decades is in line with what is happening in the rest of the developing world. In all developing regions, adolescent birth rates had been on the decline between 1990 and 2000, but since then, the decline has slowed or even reversed (Stewart, 2013).

Following an earlier literature review on adolescent pregnancy in Indonesia, this report provides an overview of demographic data on adolescent pregnancy in Indonesia. Using data derived primarily from the 2010 Indonesian Population Census and the 2012 IDHS, the report outlines pertinent indicators and correlates of adolescent pregnancy. Specifically, the primary research objectives of the report are:

- To outline the time trend and current levels of adolescent fertility rates in Indonesia;
- To estimate the exposure to the risk of, prevalence, and correlates of adolescent pregnancy among young women aged 15-19; and
- To explore the characteristics of adolescent mothers in Indonesia.

The data and methods of analysis used in the report are outlined in section 2. The following results sections are organised in line with the research objectives specified above. Section 3 focuses on key findings from the 2010 Population Census, outlining exposure to, and the estimated prevalence of adolescent fertility, as well as the fertility outcomes of young women in the population. Specific indicators presented in this section include the percentage distribution of young people by marital status, trends of adolescent fertility rates across time and provinces, and tabulations of all and ever married young women by the number of children ever born. Where applicable, results from the 2010 Population Census are compared to results from 2012 IDHS. Section 4 discusses the results from the 2012 IDHS, focusing on a sub-sample of all women aged

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