

## Household expenditure and the utilization of family planning and maternal services in Indonesia

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### Abstrak

Using information on household expenditure from the 1994 Indonesia Demographic and Health Survey (1994 IDHS), it is found that there is substantial variation in the level and distribution of household expenditure in Indonesia. Most households in Indonesia spend more money each month for food than non-food items. In addition, poorer provinces (as measured by total monthly household expenditure levels) tend to have greater inequality in the distribution of wealth. However, in general Indonesia's is not typified by major regional variations in the equality of household expenditure. Households with high expenditure levels are more likely to use contraception than households with low expenditure levels. In terms of individual methods, women residing in wealthier households are more likely to be using injectables and female sterilization, which suggest that poor accessibility and the cost of these methods may be discouraging use among poorer women. However, implant prevalence is greater in households with lower spending levels: while pills, IUDs, condoms, and male sterilization do not have clear patterns of association with household expenditure levels. As has been noted in previous studies, poorer households rely more on public sector reproductive health services (family planning, prenatal and delivery services). Households with high expenditure levels rely more upon private hospitals, pharmacy/drug stores, private doctors and private family planning clinics for their family planning care. Households with the lowest expenditure levels rely primarily upon fieldworkers/PKLB, mobile units, traditional healers/dukuns, government health centers (puskesmas), and government health posts (posyandu). It is important to note that private sector social marketing programs designed to offer methods through commercial outlets have been less readily utilized by Indonesia's poorer households. Continuing efforts are needed to ensure that poorer households are able to gain access to family planning services, primarily through lower cost public sector providers and segmented commercial distribution systems.