

THE ROLE OF VILLAGE COMMUNITY ORGANISATIONS IN IMPLEMENTING FAMILY PLANNING PROGRAMME. CASE STUDIES IN 4 PROVINCES IN INDONESIA

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Abstract

This paper examines the role of the village community organisations in implementing family planning programme after the programme has been devolved to district government in 2004. The “Village Family Planning Management Assistant” or known as PPKBD was established in the mid 1970s as part of the programme’s community-based approach. Initially, its function was merely to distribute pills and condoms to rural communities. Over time, it becomes a community organisation with a task of implementing, and subsequently, managing the family planning programme at village level. Data for these case studies were collected in 2008 in 4 provinces, i.e. West Nusa Tenggara, South Sulawesi, East Kalimantan, and North Sumatera. These case studies revealed that village family planning organisations play an important role in implementing family planning programmes and ensuring family planning information reaches the reproductive-age couples. The volunteers also serve as a role model of “small, happy, and prosperous family”, the goal that has been promoted by the Indonesian family planning programme. However, the role of PPKBD has been primarily as implementers. Structured training tailored to the needs of the volunteers and adequate technical supports are essential to enable the PPKBD to act as a family planning manager at village level.

Keywords: family planning programme, community-based approach, PPKBD, Sub-PPKBD, Indonesia

1. Introduction

The Indonesian population has been characterised by the large population size and rapid growth. This led to the adoption of a population control policy as part of the development strategy, with the family planning programme as the principal instrument. The Indonesian family planning programme has evolved from a private endeavour in 1950s to become a government programme in 1970. Since then, the programme has been coordinated by the National Family Planning Coordinating Board (NFPCB) and implemented through the government bureaucracy at all administrative levels. The programme’s goals are to reduce and control population growth and to enhance the acceptance of ‘Happy and Prosperous Small Family Norm’.

The Indonesian family planning programme has achieved a noteworthy reduction in fertility rates. For this achievement, the programme has received numerous awards and has become a

model for the developing world (Smyth, 1991; SMP/NFPCB, 1995; Warwick, 1986). The programme, initiated in 1970, has been considered successful in encouraging the acceptance of the idea of fertility control through family planning. With around 50,000 family planning users in 1970, the programme had grown to 30.9 million users in 2007 or 61.4 percent of the currently married women. The extensive use of family planning methods has led to a sharp decline in the fertility rate, from 5.6 births per woman in 1970 to 2.3 by 2007¹ (Hull & Mosley, 2008; NFPCB, 1995, Statistics Indonesia & Macro International, 2008). Success in bringing down the fertility level, occurring within a relatively low level of economic and social development, has been attributed to the strength of the government family planning programme (Molyneaux & Gertler, 1999; Warwick, 1986).

Currently, the family planning programme has a presence in virtually every village in Indonesia. The programme has developed a network of paid fieldworkers and volunteers that formed the village family planning organisations to provide the services to these communities. By means of these networks, the idea of ‘small-family norm’ as a means to increase family prosperity was filtered through to the communities. This campaign was carried out simultaneously with the extension of contraceptive services to the grass-roots level. The village family planning organisations, known throughout Indonesia as PPKBD, initially functioned only as distributors of contraceptives, but over time their responsibilities have increased as they have become ‘managers’ of the villages’ family planning programmes (Hamijoyo & Chauls, 1993).

A new policy on decentralisation, initiated in 1999 and came into force in 2001, specified that government programmes, including the family planning programme, would be devolved to district governments by the end of 2003. Under this policy, local governments are given greater authority in decision-making. It is hoped that with a simplified bureaucracy and more control, local governments will be more responsive to accommodating communities’ needs and aspirations. However, research revealed that there were different perceptions among local government on the importance of the family planning programme to regional development. This led to different levels of commitment and support to the programme (Arsyad & Ilyas, 2004; Herartri, 2007).

The following case studies attempt to identify the roles of village family planning organisations (PPKBD) in implementing the programme after it has been devolved to district government in 2004.

2. Data and Method

This research uses a qualitative research design. A case study approach was chosen to facilitate the investigation of how village family planning organisations carrying out their activities. Data for these case studies were collected in 2008 in 4 provinces, i.e. West Nusa Tenggara, South Sulawesi, East Kalimantan, and North Sumatera. The provinces were purposively selected based on family planning programme achievement and social-cultural diversity. In each province, one district was purposively selected based on family planning programme achievement, and one sub-district from each district was selected with the same

¹ The 2007 IDHS figure was 2.6, but adjusted by Hull & Mosley to 2.3.

criterion. In each sub-district, two villages were selected with the criterion that the PPKBD in the villages was still active.

In-depth interviews were conducted to collect information on volunteers' perceptions regarding their roles, the activities of the PPKBD, supports from family planning fieldworkers, and district's policy and programmes to support family planning volunteers. The informants were village family planning volunteers (PPKBD and Sub-PPKBD), village headmen, village midwives, family planning fieldworkers, sub-district family planning supervisors, and district family planning officers. Interview schedules were designed for each of the informant.

In this study, the analysis was mainly based on the transcripts of interviews, which were analysed qualitatively. Within-case analysis was done to obtain insights about each case, while cross-case analysis was performed to highlight the uniqueness of each case.

3. The community-based approach of the Indonesian family planning programme

The family planning programme approach has undergone some changes since its commencement in 1970. Family planning services were initially provided in urban areas through hospitals and clinics, both private and government owned. Over time, the programme expanded its services to reach rural people. In 1974, the NFPCB began to develop a village-based contraceptive service to make the service more accessible to rural communities. These centres were perceived as the best method for community-based distribution system. A village's centre was under the supervision of the health clinic in the area and the fieldworker who is in charge of that village. The task of these centres was to ensure the availability of contraceptives (pills and condoms) to couples. These centres were then known as the 'Village Contraceptive Distribution Centres' (VCDC) or family planning service posts (Suyono et al., 1976; Suyono & Reese, 1978). Despite encouraging local variation, the NFPCB issued guidelines to standardize the centre's structure and functions, and introduced the term "*Pembantu Pembina KB Desa*" (Village Family Planning Management Assistant) or "PPKBD" as a generic name for this centre. However, each province can use its own term (SMP/NFPCB, 1994).

In the community-based concept of the programme, the PPKBD and the other community organisations at village level such as the *PKK* or the Family Welfare Movement² groups serve as 'agents of development'. Gradually, the government's responsibility for providing family planning services was transferred to these organisations. Their involvement was increased from contraceptive re-supply to "more important tasks like motivating non acceptors to join family planning and counselling for new acceptors" (Suyono, 1991, p.7). The new responsibility was seen as an important step because the local organisations were believed to better understand the problems and needs of the people than the fieldworkers. The programme acknowledged that their role is essential towards the improvement of the service delivery. Volunteers play the central role in the programme implementation at village level. This concept is in agreement with Bracht's definition of community organisation, i.e. "a planned

² Family Welfare Movement or *PKK*: a women's movement aimed at promoting family welfare. This movement is managed by wife of the local government's head at all administrative levels. Since 2001, the new policy allows the village *PKK* chair to be held by an individual other than the village head's wife.

process to activate a community to use its own social structures and any available resources to accomplish community goals decided primarily by community representatives and generally consistent with local attitudes and values. Strategically planned interventions are organized by local groups or organizations to bring about intended social or health changes" (Bracht, 1999, p. 86).

Derived from its community-based approach, the family planning programme further developed its policies to incorporate 'community participation' as a core strategy in the programme implementation. As stipulated in the Law No. 10/1992 and No. 52/2009, community participation has become one of the basic policies of the family planning programme. The policies emphasised the importance of enhancing community participation by encouraging a willingness to adopt the small-family norm and to support the implementation of the programme.

4. PPKBD

PPKBD was established in the mid 1970s as the programme changed its approach from a clinic-based to a community-based delivery system. At that time, its function was merely to distribute pills and condoms to rural people. Over time, its function has broadened to become a community organisation with a task of implementing the family planning programme at village level. The PPKBD is defined as "One or several *kaders*³, in a particular organisation, who voluntarily take active participation in implementing/ managing the national family planning programme at village level" (BKKBN, 1999, p.2). Since villages in Indonesia usually cover a large area, similar organisations were established at hamlet and neighbourhood levels, known as 'Sub-PPKBD' and 'family planning groups' respectively. By 2009, there were 83,911 PPKBDs, 388,027 Sub-PPKBDs and 578,523 family planning groups enumerated across the country (BKKBN, 2009b).

Previously, the role of PPKBD was limited to the implementation of the programme but since 2001, as part of the decentralisation policy, it has been given a greater role and the responsibility of being the 'manager' of the family planning programme at village level. This organisation is expected to be able to "...serve as a channel to accommodate the aspirations of the community and to manage the family planning programme in the village" (BKKBN, 2001, p.12). Hence, the function of this organisation has evolved from merely being a contraceptive distributor and an extension of the fieldworkers to becoming the manager of the programme at village level.

In order to fulfil its functions, a PPKBD is expected to perform six roles:

- 1) Developing a clear organisational structure, including Sub-PPKBDs at hamlet level and FP groups at neighbourhood level
- 2) Holding regular meetings with the other volunteers, family planning fieldworker, and other related community organisations to discuss and monitor the implementation of the programmes.

³ Volunteers working for government programmes at the village are usually known as 'cadres' or *kader* in Indonesian term.

- 3) Conducting information, education, and communication activities as well as counselling to improve the knowledge of the villagers on basic family planning concepts, and to motivate them to use family planning methods.
- 4) Conducting routine data recording of the programmes' implementation and assisting the fieldworker in the annual family enumeration. These data are for the benefit of the local community as well as the higher hierarchical level.
- 5) Carrying out family planning programmes and activities
- 6) Exploring resources to support their activities and to improve their performances (BKKBN, 1999b).

The current approach, however, places more emphasis on the role of implementers rather than managers. Although the planning system involves these organisations in the planning process, their role in planning and evaluation processes has not been specifically delineated in the formal guidelines from the central office. The current tasks, as stated in the guidelines, should be adjusted to fit with the organisations' new role as a manager and a channel for articulating the communities' needs and aspirations.

5. Findings

5.1. The characteristics of the family planning volunteers (PPKBD and Sub-PPKBD)

Except in West Nusa Tenggara (WNT), all PPKBD chairpersons in the study areas are women. In WNT, PPKBD chairpersons are male village officers. Most of the sub-PPKBDs are also women, except in WNT and South Sulawesi, where the sub-PPKBDs are the hamlet headmen.

Most of the volunteers have been working since the 1990s, some even since the 1980s, only one volunteer started to work in 2004. Most of them started their 'career' as *PKK* cadres and/or *Posyandu* (Integrated health services post) cadres. In North Sumatera, one of the volunteers' mother was also a PPKBD chairperson. When she resigned due to sickness, the village headman appointed the daughter to become the new PPKBD chairperson. Upon being asked the reason why they wanted to work as a volunteer, the answers were to occupy spare time and meet friends, to obtain new knowledge and experiences, and to help implement development programmes in their villages.

All volunteers have only one or two children, except one person who has three children. One volunteer in North Sumatera mentioned that family size is one of the criteria for selecting a PPKBD chairperson. According to her, a PPKBD chairperson should be able to become a role model, not only by using contraceptives herself but also as a good wife and mother. Likewise, a PPKBD chairperson in East Kalimantan revealed her neighbours' comments on her activities: "*She often goes out in the morning like a village officer...the house is still untidy...how about lunch for her husband?*". This case corroborates a similar case study in West Java (Heratri, 2005). A volunteer claimed it is more difficult to become a *kader* than a paid fieldworker. According to her, her performance as a *kader* is assessed by the villagers not only in terms of her technical skills but also in terms of how she is perceived as a wife and a mother. Therefore, to be successful as a change agent for

the family planning programme, a volunteer should also serve as a role model of “small, happy and prosperous family”.

All volunteers are either involved in paid work, own a business, or own a rice field. Their education levels vary, most of them are junior and senior high school graduates. Family planning fieldworkers and supervisors in the study areas explained that the most important criteria for selecting a PPKBD chairperson is not a candidate’s education level but whether or not she is willing to take up the roles and responsibilities and trusted by the community. They further explained that it is not easy to recruit volunteers. Some people are capable but they are reluctant, others are willing but their education levels are too low. Given the various levels of education, the training programme for PPKBD should be tailored accordingly. Likewise, family planning fieldworkers should design a supervision programme that suits the needs of the volunteers.

The volunteers are usually members of the Family Welfare Movement (*PKK*). This system of volunteer workers is a complex system, as they are also involved in some other government programmes, where each programme has its own implementing policies. As revealed by earlier studies on village family planning organisations, most of the volunteers work as *kader* for several programmes simultaneously. Other community organisations, such as religious and youth organisations, are also being involved, mainly in sharing information, education and communication activities (Arsyad et al., 1996; BKKBN & FKM-UI, 1999).

5.2. The roles of PPKBD

As outlined in the guidelines, a PPKBD is expected to perform six roles. However, in each village the PPKBD operates differently.

1) Organisational structure:

- a. PPKBDs in some of the study areas have a ‘collective’ structure as outlined in the guidelines, comprising a chairperson, a secretary, a treasurer and a volunteer (sub-PPKBD) for each of the hamlet. However, the PPKBD chairpersons admitted that they do not stick to the structure in their daily activities for there is not much to be done by the secretary and the treasurer. The other PPKBDs are the ‘single person’ type, comprising only a chairperson and a volunteer for each of the hamlet.
- b. All PPKBDs were established with a decree from the village headman or the district head, except in WTN. The sub-district supervisor in WTN explained that they were afraid the volunteers might asked for payment if they were officially appointed by the district head or the village headman.
- c. The sub-PPKBDs were selected by the PPKBD chairperson together with the fieldworker from the existing volunteers in each hamlet, except in in North Sumatera where the sub-PPKBDs are the hamlet headmen’s wives and in WNT where the sub-PPKBDs are village officers.

2) Regular meetings:

Some PPKBD chairpersons maintained they hold monthly meetings with Sub-PPKBDs and the other cadres. The others said they hold meetings occasionally or when needed.

The meeting agenda included updating record and data, plans, and also talks given by PKK or the other resource persons.

3) IEC and counselling:

These activities were focused on the person-to-person and group forms of communication. Since the awareness of using family planning methods is already high, the volunteers were focusing the messages on the reproductive health concepts (e.g. ideal age of childbearing and healthy intervals), post-partum contraceptive use, and the use of long-term contraceptive methods. The volunteers expected the programme to provide adequate information kit or media to support the IEC and counselling activities. Some fieldworkers assisted the volunteers in carrying out the activities.

4) Data collection and recording:

Most of the volunteers said they try to keep up-to-date records of the activities and to update the family list frequently. They also help the fieldworkers in carrying out the annual family enumeration. However, some of them lamented that it is hard to keep regular records properly because there were too many forms to fill up and they were too busy with other activities.

5) Carrying out family planning programmes and activities:

The family planning programme adopts a 'cafeteria' system for contraceptive delivery which offers a range of contraceptive methods from which the user can choose. Poor families are entitled to free contraceptives, particularly IUDs, implants and sterilisation. In all villages, the volunteers claimed they had provided counselling which allows the prospective user to make an informed choice. Except in WTN, the PPKBD in the study areas provide pills, obtained from the family planning fieldworkers or bought from drugstores. The other methods are provided by health professionals at the village clinic, sub-district health centre, or district hospital. The volunteers often accompanied the villagers going to the health centre or district hospital for IUD and implant insertion or sterilisation.

6) Exploring resources to support their activities:

The district family planning offices in some study areas allow the PPKBDs to sell birth control pills to support their activities. As an effort to enhance their self-reliance, for there were only limited operational funds provided by the programme, PPKBDs are also allowed to become the 'sales agents' for commercial contraceptives in collaboration with local drugstores (BKKBN, 1999; 2001). The district offices control the price of pills provided by the programme. To avoid the notion that a village family planning organisation is selling pills from the government programme, they use the term 'returning the transportation cost'.

Most of the volunteers maintained that information sharing, data collecting and recording, and assisting the fieldworker in the annual family enumeration are the main roles of PPKBD.

6. Discussion

The success of the Indonesian family planning programme in halving the total fertility rates within three decades was achieved mainly due to the programme's hierarchical structure. Through its community-based system, the programme has combined top-down and bottom-up approaches. These case studies revealed that village family planning organisations, PPKBD and Sub-PPKBD, play an important role in implementing family planning programmes and ensuring family planning information reaches the majority of the reproductive-age couples. The volunteers also serve as a role model of "small, happy, and prosperous family", the goal that has been promoted by the Indonesian family planning programme. As diffusion of innovation theory argues (Rogers, 1995), encouragement emanating from local people is more likely to be successful than ideas promulgated by outsiders. However, the role of PPKBD has been primarily as implementers. Their involvement in decision-making and planning processes remains limited. Due to relatively low education levels, structured training tailored to the needs of the volunteers along with adequate technical supports are essential to enable the PPKBD to act as a family planning manager at village level.

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