



INDONESIA'S FAMILY PLANNING PROGRAM: ACHIEVEMENTS, CHALLENGES, AND PROSPECTS

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Reducing Unmet Need for Family Planning"
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1. BRIEF DESCRIPTION OF INDONESIA

Republic of Indonesia consists of over 15 thousand islands and is located between two continents, Asia and Australia, with the South China Sea lying in the north, the Pacific Ocean in the north and east, and the Indian Ocean in the south and west.

With a population in 2010 of about 235 million, Indonesia is the world's fourth most populous nation, after China, India and the United States. Although the population is spread over more than 3 thousand islands, about 90 percent of them live in the four big islands: Java, Kalimantan, Sumatra, and Sulawesi. Java, the smallest of Indonesia's four main islands, is the most densely populated. With a total land area of less than 7%, the population of the island of Java is more than 55% of the total population of the country.

2. TWO PAST LEADERS OF INDONESIA

The first two Presidents of Indonesia have contradicting policies with regards to population. Our first president, Soekarno, was a strong believer of an argument that a great nation is associated with huge population. He believed that in order to be a great country we ought to have large number of population. Thus during the Soekarno era, Indonesia was a very much pro-natalist country. This did not mean, however, that during his office contraceptive services was absence in Indonesia. Family Planning activity was silently carried out by the PKBI (Indonesia Planned parenthood Association) since 1957.

On the contrary, our second president, Soeharto, was a promoter of a strong anti-natalist policy maker. It was started on the occasion of the country's 22nd

year of independence on August 17, 1967, the President of Indonesia speaking before the National Assembly, declared the Government was committing itself to adopt family planning as an official development program.

Five months later, on 10 December 1967, in support of the commemoration of the United Nations Declaration on Human Rights, the president signed, together with 29 Heads of State, the Declaration of Population, which stated that: *“The population problem is a very important factor in national development if respective governments want to achieve economic goals to fulfill the expectations of their citizens”*.

From the start, FP is put as a backbone in solving population problems, so the goal of FP program in Indonesia was not simply to reduce fertility but rather to plan for the development of a small, happy and prosperous family.

3. PAST ACHIEVEMENTS

Before the establishment of the national family planning program, it was believed that the contraceptive prevalence rate (CPR) was less than 5%. The CPR has then increased to 26 per cent in 1980, and further dramatically increased to about 48 per cent, based on the 1987 Indonesia Contraceptive Prevalence Survey. According to the results of the demographic and health surveys done in Indonesia, the CPR (of modern contraceptives) in the country steadily increased from about 50 per cent (IDHS, 1991) to 52 per cent based on the 1994 IDHS. The IDHS of 2002 estimated a CPR of about 60 percent; almost all of them used modern contraceptives. Note, however, that based on the latest IDHS 2007, the CPR remained stagnant or insignificantly increase from about 60% to only 61%.

In line with the steady increase of contraceptive use, the fertility rate of the country has been consistently decreased. The Indonesia's total fertility rate (TFR) decreased from about 5.6 per woman based on the 1971 population census to 4.68 as estimated based on the next census in 1980. The 1987 Indonesia Contraceptive Prevalence Survey estimated a TFR of 3.39 per woman, decreased to 2.86 (1994 IDHS), 2.78 (1997 IDHS) and 2.40 based on IDHS in 2002 and insignificantly decreased to 2.34 based on IDHS 2007.

As the results of the increasing use of contraceptives and decreasing fertility rate of the country, the population growth rate has declined quite rapidly from nearly 2.34% in the 1971-1980 census period to around 1.98% by the period of 1980-1990, and 1.49% during the period of 1990-2000. We expect actually that right now the growth of the population is estimated at about 1.24% per annum.

The Family Planning ***Unmet Need*** also shows encouraging results. Based on series of Indonesia Demographic and Health Surveys (IDHS), in 1991 the FP unmet need was 12.7%, down to 10.6% (1994), to 9.2% (1997), and further decrease to 8.6% in 2002. Note, however, that based on 2007 IDHS the FP unmet need increases again to 9.1%.

4. KEY SUCCESS FACTORS OF THE PROGRAM

Among the areas, in which the Indonesian program has shown the most remarkable achievements and which makes this program stand out from other population/family planning programs, are the following:

- The very ***high-level official support and commitment*** to the family planning and reproductive health program as well as ***well-organized*** and ***strong leadership*** of the programs.
- ***Non-medical normative approach***, focusing on encouraging people to adopt a small, happy, and prosperous family norm as an important socio-cultural value rather than just the provision of contraceptive services alone;
- The high level of ***participation of the community*** in the program, ensuring the "ownership" of the program by the community whereby important roles have been played by grass-root volunteers particularly women's organizations for the success of the program;
- ***Integrated approach*** to family planning/reproductive health, involving many other agencies/NGOs, that help spread the commitment to the family planning/reproductive health program implementation;

5. MANAGEMENT PROBLEMS AND CHALLENGES

New policies on decentralization in Indonesia were launched in 1999 following the reform era after the monetary crisis severely hit the country. Decentralization is provided at the district ("kabupaten") or municipality ("kota") level. At the district/municipality level, it is a full decentralization with the legislative body fully separated from the executive. The head of the districts ("Bupati") and mayors ("Walikota") are elected directly by the people. They have broad authority to manage the local government in areas such as planning, implementation, and establishment of local legislation with the exception of foreign policies, security affairs, monetary and fiscal policies, as well as religion which are still centralized.

In line with the mainstream of decentralization, BKKBN is also one of the Government Offices that must transfer its authority to Local Government as set forth in the Presidential Decree No.103/2001. In addition to being a large

country consisting of more than 500 districts, the greatest challenge faced by the national family planning program (BKKBN) would be “to convince local government (districts and municipalities) on the importance of family planning programs for the good of their own people and for sustainable development in their own regions. In many cases, the heads of the districts would have different perceptions with regards to the importance of population and FP programs for the sustainable development. In most cases, different approaches have been used by the programs in order to be in conformity with local socio-cultural background.

Thus, the most importance activities done by BKKBN have been to advocate local governments on the importance of the programs and “persuade” them to establish a strong institution to manage family planning programs in their respective district/municipality.

Advocacy on the importance of the family planning and establishment of an institution to manage the programs would only be the first step; other challenges would be to advocate the local governments to staff the institution adequately and provide sufficient fund or resources to run the programs. Note that before the reform era, the number of family planning field workers was about 35,000 people and markedly reduced to only 19,000 following decentralization. Right now the number of field workers has increased slightly to about 22,000 people.

Another issue with regard to decentralizing family planning programs would be that of **human resources**. For more than thirty years the government of Indonesia has implemented a very centralistic government and in many cases exercised “top-down policies”. To some extent this centralistic policies are related to the lower capacity of the local personnel in managing the programs. In this regard, another critical issue would be to improve the capacity of the local personnel in running the program effectively and efficiently.

6. REVITALIZATION OF FP PROGRAM

After the issuance of Decentralization Law in 1999, the central government then realized that the otonomy was “too strong” and replaced the former Law 22/1999 with Law 32/2004. One of the very significant changes with this new Law was the fact that family planning becomes a mandatory (obligatory) affair. This is clearly stated in the government regulation (peraturan pemerintah) No. 38/2007 stating that family planning is one of affairs that must be carried out by the kabupaten and kota. Additionally, Government Regulation (PP) No. 41/2007 states that family planning can only be combined with the affair of women empowerment and cannot be combined with other authorities like in the past. Before the issuance of PP No. 38 and 41/2007, family planning institution in the kabupaten and kota were merged

with various kinds of affairs such as health, social, transmigration, manpower, civil registration, population, community empowerment, etc.

Additionally, based on Law No. 39/2008 on State Ministries it is stated that the Government should have an institution to deal with population issues in the country. This is a very important law for the existence and sustainability of family planning and population programs in Indonesia.

Lastly, in December 2009 the Government issued Law No. 52/2009 on Population and Family Development. One of the most significant mandate based on this law is the fact that BKKBN is given a new function in addition to family planning, namely to formulate policies with regards to broader population issues. Thus, based on the law BKKBN becomes Badan Kependudukan dan Keluarga Berencana Nasional (*National Population and Family Planning Board*).

7. THE UNFINISHED AGENDA

Some important family planning/reproductive health issues need further attention and program efforts, include:

- ***Uneven distribution of program achievement.*** Despite the high rate of contraceptive use in the country, the CPR still ranges widely from 74% in the Province of Bengkulu, to 34% in the Province of Papua. Similarly, although TFR of the country is of 2.34 per woman, it ranges widely from 3.7 in the Provinces of East Nusa Tenggara and Maluku to 1.5 in the Province of Yogyakarta (adjusted TFR, 2007 IDHS).
- ***Low male participation.*** In spite of the fact that contraceptive use in Indonesia has been quite high, 61% (2007 IDHS), males participation is still very low. Data from the series of IDHS revealed that the male sterilization and condom use was very low. Over the past several decades condom use and vasectomy altogether remained about 2 per cent.
- ***Family Planning Unmet-Need and Unwanted Pregnancy.*** Estimates of unmet need for contraception (the percentage of currently married women who do not want any more children or want to wait before having their next birth but are not using any method of family planning) from IDHS data showed a decline from 12.7% in 1991 to 10.6% in 1994 to 9.2% in 1997 to 8.6 % in 2002. But it increases again to 9.1% based on IDHS 2007. Furthermore, the Family Planning Unmet Need also varies greatly from the lowest in the Province of Bangka Belitung (3.2%) to highest in the Province of Maluku (22.4%). Unwanted pregnancy are also still relatively high, varied between 7.2% to 8.3% based on IDHS 1994, 1997, 2002, and 2007.

- **Relatively high Infant and Under-five Mortality Rate.** Child survival has been improving in Indonesia over the past several decades. Notwithstanding the trend towards improvement, the infant and under-five mortality rates for Indonesia are still higher than that of neighboring countries. Based on the latest IDHS (2007) the IMR and under-five MR in the country are 34 and 44 per 1000 births respectively.
- **Relatively high MMR.** Indonesia does not have vital statistics data to directly calculate maternal mortality ratios (MMR). The estimates of MMR from the 2007 IDHS point to a ratio of 228 maternal deaths per 100,000 births. This figure is still quite high, especially compared to those of other neighboring countries and the target of reducing the ratio to 115 per 100,000 births would be a great challenge.
- **Other reproductive health issues.** Reproductive health problems that have not been fully addressed include such issues as adolescent pregnancies and marriage, induced/unsafe abortion and safe motherhood. The magnitude of adolescent pregnancy has never been recorded in a systematic way, although unsafe abortion is considered one of the principal causes of maternal death for women ages 15-19. Similarly, safe-motherhood remains an important issue. Many women die because of complications during delivery, late referral to hospital services and poor treatment. The causes of this problem are complex but include poorly trained health staff and midwives, late referral, and lack of emergency facilities and transport.

8. SUMMARY

During the era of New Order, and after the establishment of BKKBN in 1970 the Indonesia's FP Program was considered very successful as indicated the sharp increase of CPR, steady decrease of TFR and population growth in the country.

Despite the success, there are still some agenda to finish including narrowing the gap of achievement among provinces, increasing unmet need, low male participation, high infant and childhood mortality rate, and unacceptably high maternal mortality ratio. Improving access and quality of family planning and RH services have been the main strategies to improve achievement and reduce provincial disparities. Note that the general policy of BKKBN has been to provide free contraceptives for the poor and for all couples in the lowest performing provinces, such as East Nusa Tenggara, Papua, and Maluku.

Entering the era of Reform and Local Autonomy, the FP program in the country has been facing strong challenges as indicated by weak local institutions for FP, reduced number of personnel especially the number of field workers, insufficiency of local budget and commodity support.

After vigorous advocacy programs and activities to prime stakeholders either at the central and local levels, there are window of opportunity for family planning revitalization as indicated by the issuance of Government Regulation No. 38 and 41 in 2007, the issuance of Law No. 39 in 2008 which includes the importance of Population Institution to deal with population issues in Indonesia. Furthermore, Law No.52/2009 mandates BKKBN to handle broader population issues in addition to FP and change the acronym of BKKBN to become Badan Kependudukan dan Keluarga Berencana Nasional or National Population and Family Planning Board.
