

TOWARDS A POLICY AGENDA FOR POPULATION AND FAMILY PLANNING IN INDONESIA, 2004—2015

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Abstrak

Keluarga berencana merupakan komponen yang sangat penting dalam pengembangan kebijakan nasional yang ditujukan pada pembangunan berkelanjutan dan peningkatan kualitas hidup penduduk. Dalam periode 1970-an dan 1980-an pertumbuhan penduduk yang cepat merupakan isu utama kebijakan kependudukan di negara-negara berkembang, termasuk Indonesia, pengenalan program-program nasional keluarga berencana merupakan upaya untuk mengatasi isu tersebut. Mengingat fase awal pendekatan program kependudukan Indonesia adalah transisi demografi maka sudah waktunya untuk merefleksikan kebijakan keluarga berencana di Indonesia pada masa yang akan datang dan membuat kebijakan kependudukan yang baru untuk jangka pendek (2004—2006), jangka menengah (2005—2010) dan jangka panjang (2010—2015). Kita perlu mengingat juga bahwa keluarga berencana adalah — bagaimanapun pentingnya — hanya satu komponen dari kebijakan kependudukan; dan signifikansi dari komponen ini seperti juga halnya dengan upaya-upaya yang dilakukan oleh komponen-komponen pembangunan yang lain mengalami perubahan sesuai dengan berjalannya waktu.

Family planning is a vital component of a developing nation's policies aimed at sustainable development and improving quality of life. During the 1970s and 80s rapid population growth was widely seen as *the* main population policy issue in developing countries, and most developing countries, including Indonesia, introduced national family planning programs as the preferred way of dealing with the issue. As the population of Indonesia approaches the advanced phase of its 'demographic transition' it is time to reflect on the future of family planning in this country and set new policy objectives for the short term (2004—2006), medium term (2005—2010) and long term (2005—2015). It must also be remembered that family planning is—no matter how important—only *one* component of population policy; and the significance of this component vis-à-vis other development efforts changes with time.

Keywords: Population, Family planning, Population policy, Indonesia

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POPULATION POLICY AND FAMILY PLANNING

Family planning (FP) is a vital component of a developing nation's policies aimed at sustainable development and improving the quality of life for all its members, including the poor (Birdsall et al. 2001).¹ During the 1970s and 80s rapid population growth was widely seen as the main population policy issue confronting developing countries, and most of these countries, including Indonesia, introduced national family planning programs as the preferred way of dealing with the problem. However family planning is – no matter how important – only *one* component of population policy, and the significance of this component changes with time vis-à-vis other development efforts (Caldwell et al. 2002).

Data from the latest *Indonesia Demographic and Health Survey* (IDHS), collected during October 2002 to April 2003, confirm that Indonesia is far along its demographic transition. The contraceptive prevalence rate (CPR) for currently married women aged 15–49 years is up to 60.3 percent, and the average total fertility rate (TFR) over the preceding 3-year period is down to 2.6 live births per woman (BPS and ORC Macro 2003). However the rate of increase in CPR has slowed since the early 1990s and it would be rash to assume that now the CPR has reached 60 percent the population will 'coast' to replacement-level fertility without difficulty. During 1991–94, CPR increased at an average 1.67 percentage points per year; during 1994–97 the increase was 0.9 points per year; and by 1997–2002/03 the rate was down to an increase of 0.6 percentage points per year. Raising the rate of increase of CPR will not be easy at a time when the Government budget is still constrained following the Asian Financial Crisis of 1997–98, and when donor support for family planning falls far short of the levels recommended by the 1994 International Conference on Population and Development (ICPD).

Another major element of uncertainty is introduced by decentralization. For more than 30 years the National Family Planning Coordinating Board (BKKBN) 'coordinated' the national FP program: it was the lead agency in developing FP policy, in designing the national program, in raising and allocating funds and other resources for program implementation, and in monitoring implementation and evaluating progress. Today, effective 1 January 2004, most of BKKBN's authority for administering the program has been transferred to more than 420 'autonomous' districts and municipalities, and much of its responsibility for developing FP policy as well is now shared with the regional governments.

¹ This article reflects my work as Policy Advisor during 2001–2004 on the USAID-funded STARH Program (Sustaining Technical Achievements in Reproductive Health), when I worked with the Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs. The ideas expressed here draw on discussions with many colleagues, especially Sri Moertiningsih Adioetomo, Bimo, Bernard Coquelin, Edi Hasmi, Terence Hull, Monica Kerrigan, Gary Lewis, Firman Lubis, Wandri Mochtar, Mazwar Noerdin, Lucas Pinxten, John Ross, Steven Solter, Lalu Sudarmadi, and Russ Vogel. I thank them all. The opinions expressed, however, are my own and not necessarily shared by the STARH Program, USAID, or any other institution with which I am or have been associated.

What happens to family planning in the next decade will impact significantly on the country's development. Projections prepared by Ross (2003a) show how relatively modest differences in CPR can make a significant difference to Indonesia's population growth. If the CPR increases at only 0.5 percentage point per year then the population can be expected to grow by 30.6 million by 2015 (over an estimated size of 215 million in 2003); if the CPR simply holds steady at the 2003 level the population will increase by 40.5 million; if the CPR can increase by 1.0 percentage point per year, then the population will only increase by 22.8 million by 2015. If the family planning program is allowed to falter so that CPR actually *decreases* by 0.5 point per year, then population increase for the same period would be 49.4 million! An increase of almost 50 million people in 12 years could cripple development efforts and undermine political and economic stability, especially considering that the poor would likely be disproportionately represented in this increase.

Indonesia is approaching the advanced phase of its demographic transition at a unique time in its history, characterized by severe economic constraints and political uncertainty. It is important the country's leaders reflect on the future of family planning and population policy in this context and set new realistic policy objectives for the short term (2004—2006), medium term (2005—2010) and long term (2005—2015).²

POPULATION AND FAMILY PLANNING POLICY IN THE SHORT TERM (2004-2006)

The key population policy objective for the short term (2004-2006) must be to protect and enhance family planning services in the wake of decentralization. Since it became clear in early 2002 that BKKBN would be obliged to decentralize the agency has made a concerted effort to ensure that this transfer of authority will go smoothly and that access to FP services will not suffer unduly. BKKBN advocated with local authorities to ensure that a suitable institutional home be provided for the family planning program in the respective districts/municipalities after decentralization (preferably as part of an appropriate *dinas* or *badan* in the district-level government). It has developed, in consultation with regional governments and the Ministry of Home Affairs, a 'KW/SPM Matrix'³ defining the essential family planning services districts will be obligated by law to provide. BKKBN has also managed to secure government funds to enable it to continue to provide subsidized contraceptives, and some other support functions to districts on request. BKKBN has further negotiated a favorable institutional arrangement with the Government whereby the BKKBN province offices will stay 'hierarchical' (at least in the short term). Other proactive initiatives include developing

² The time periods here reflect usage in some internal discussions among BKKBN officials in early 2004 when this article was first drafted.

³ Under decentralization law districts/municipalities are obligated to provide certain essential services. The KW/SPM Matrix refers to a listing of 'obligatory functions' (*kewenangan wajib*), together with accompanying 'minimal service standards' (*standar pelayanan minimal*) which have to be reached in performing these services (functions), in a matrix format suggested by the Ministry of Home Affairs.

an Early Warning and Rapid Response System, so that even if (as seems likely) routine monitoring systems falter in the early stages of decentralization, BKKBN and other stakeholders will still have some basic information on how the program is performing from a national perspective, and will be able to identify emerging problems quickly and work in partnership with districts to overcome them. BKKBN had the luxury of more time to prepare for decentralization than most government departments, and it used that time carefully and proactively.

Despite these preparations there are still reasons to be concerned about the future of the family planning program after decentralization. Some districts/municipalities appear not to consider FP an important priority: for example, even six weeks after authority had officially been transferred more than 50 districts/municipalities had still not yet formally begun the process of introducing a *perda* (regional government law or regulation) establishing who in the local government structure would be responsible for the FP programs in those districts. Even in districts with a *perda*, in many cases the operational details regarding how the program will be administered and implemented had not been settled, and there is still today (and will be for some time to come) widespread shortage of government employees at the district level with the requisite skills and training to take on all of the new responsibilities entailed by decentralization. Many districts report they have insufficient funds for purchasing contraceptive supplies and for covering operational costs of the FP program. Furthermore, at the district level there is still little understanding of a client-oriented approach to family planning as agreed to at ICPD and endorsed in BKKBN's 'new paradigm' (Situmorang et al. 2002). Finally, in some of the Outer Island regions the family planning program has never developed into a strong program, and in these areas, without the supporting hand of BKKBN, it could well collapse altogether.

In the short term it is of vital importance that the central Government take further policy measures to ensure that the gains in FP achieved over the past 30 years are not compromised as a result of decentralization, and that regional governments be given quickly the support they need to consolidate and strengthen the family planning program in their respective areas. Determining the most effective policy measures requires careful but urgent deliberation. We recommend policy makers consider the following measures:

- Continuing public education for family planning as a national development priority, and appropriate advocacy to ensure political commitment to contraceptive security in all regions.
- National legislation to further clarify the scope, content and legal standing of KW and SPM concerning family planning, and clarifying the consequences of non-compliance for districts/municipalities.
- Strengthening monitoring systems so policy makers at all levels have adequate information for decision making regarding the FP programs in their respective jurisdictions.
- Strengthening the capacity of BKKBN to provide technical assistance to regional governments when needed and requested by regional governments.

- Strengthening the capacity of the Government (especially BKKBN) to provide training to FP providers at subsidized cost to regional governments.
- Strengthening the capacity of the Government (especially BKKBN) to provide management training to district-level FP program managers at subsidized cost to regional governments.
- Encouraging more clients to use long-term methods of contraception.
- Placing contraceptives on the essential drugs list.
- Designing better systems to ensure subsidized FP supplies and services really reach the poor.

There is not space to discuss these suggestions in detail (most are self-evident), but a few brief comments are in order. Family planning is well-established as a social norm for most of the population in Indonesia. Family planning clients who could not get FP services from the public sector during the financial crisis of 1997-98, for example, for the most part simply switched to the private (thus accelerating a long-term trend to the private sector). The financial crisis did not cause a drop in CPR, as some commentators had feared (Frankenberg et al. 2003). Nonetheless 28.0 percent of current users of modern contraceptive methods do still rely on the public sector, and since 72.3 percent of currently married women using modern contraceptive use one of two re-supply methods (pill and injectables), the program is acutely vulnerable to any disruption of supply that may occur during the transition to decentralization. The last three bullet points listed above aim at making the public sector program less vulnerable, and more focused on those most in need of subsidized services.

POPULATION AND FAMILY PLANNING POLICY IN THE MEDIUM TERM (2005—2010)

The key policy objectives for the medium term (2005-2010) must be to reduce unmet need, improve quality, and reach replacement-level fertility throughout the country. As noted earlier, the CPR has been increasing at a rate of only about 0.6 points per year during the last 5 years (compared to about 1.8 points per year during 1980-1997) (Ross 2003b). This suggests replacement-level fertility may not be reached until around 2015, whereas if an increase of 1.0 point/year could be regained quickly and maintained then replacement fertility could be reached closer to 2010. Making replacement-level fertility a medium- rather than long-term objective is clearly more consistent with the country's other development goals – especially in poverty reduction, improving population 'quality,' and protecting the environment.

Indonesia endorsed the ICPD *Programme of Action*, which affirms: 'All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so' (UN 1994: Principle 8). It is the Government's and the regional governments' joint responsibility to ensure that their policies promote and protect the reproductive rights of all citizens and ensure their contraceptive security. 'Government goals for family planning should be defined in terms of unmet needs for information and services' (UN 1994: para 7.12). Since about 1 in 6 births are either 'not wanted' or 'ill-timed' (Ross

2003a: 12) it would appear the FP program could raise CPR by 1.0 point/year or more by successfully meeting current unmet need. It is also important to remember there is considerable variation in the level of CPR among different regions of the country, with several provinces with CPR significantly below 50 percent. The CPR for modern methods is only 27.5 percent in East Nusa Tenggara and 40.9 in Southeast Sulawesi, while it is 63.2 in East Java and 62.2 in Central Java. What is needed is not a uniform effort to strengthen FP throughout the country, but special efforts in those regions where CPR is significantly below the national average.

Another issue that needs particular attention is the *quality* of FP services, especially in the public sector (FKMU/UI 2003). Improving access and quality of FP services during the medium term – when economic growth may still be slow, donor support is reduced (see UN 1999), and when the population is still growing – will require rethinking the governments' approach to the delivery of publicly-funded services.

During the medium term population policy should focus on reducing unmet need, improving quality, and reaching replacement-level fertility. This requires that the Government and regional governments take full advantage of the opportunities brought about by decentralization to make FP services more responsive to local needs. The Government should consider:

- Rewarding districts/municipalities that can show improvements in quality of FP services and in meeting unmet need.
- Facilitating the further privatizing of FP services in areas where people can (and are willing) to pay, while at the same time doing more to ensure contraceptive security for the poor; in such areas governments can plan an orderly cutting back of provision of subsidized services to the general public, or enhance cost-recovery mechanisms at government service delivery points to cross-subsidize services for the poor.
- Scaling up systems currently being developed by the STARH Program and others to establish quality of service as *both* a professional norm among providers *and* a community norm among clients (ACNielsen 2003; Simmons and Díaz 2002).
- Encouraging districts to explore and exploit synergies in the provision of FP and other reproductive health (RH) and primary health services (especially regarding HIV/AIDS, but also other sexually transmitted diseases and maternal and child health).⁴
- Resourcing BKKBN to provide special support (advocacy, IEC, training, funding, technical assistance) to poor districts with weak FP programs.
- Exploring new approaches to adolescent reproductive health to safeguard and improve the health of adolescents, and through them of the population as a whole (Situmorang 2003; Utomo 2003).

⁴ On the integration of HIV prevention with FP services see Population Council and UNFPA (2002: 9-24).

BKKBN can help reach these objectives if it is prepared and resourced to assume a 'leadership' role in the FP movement and champion the reproductive rights of all Indonesians, young and old, rich and poor, rural and urban, married and unmarried. Critics contend, with some justification, that in recent years BKKBN has been 'behind the curve' on some crucial FP/RH issues and become entrenched in conservative positions. For example, at the same time that BKKBN states that it wants to make the FP program more client-oriented and consistent with ICPD it promotes a definition of reproductive rights that is essentially at odds with the international consensus position.⁵ Similarly while the ICPD Programme talks of 'appropriate services' for young adults (15—24 years) and of removing unnecessary legal and social barriers to access, BKKBN only talks of giving young adults 'information and counseling,' and has not investigated or educated the public about the social and demographic 'costs' of this policy in terms of teenage pregnancies, unsafe abortions, the spread of HIV/AIDS, and other effects on population health.

For the last two or three years BKKBN has concentrated its efforts largely on institutional matters, especially ensuring an institutional home for the FP program in the regional governments following decentralization, and at the central level seeking to protect its own survival as a Government agency. BKKBN has had remarkable success on the institutional front. Stakeholders who are concerned about the future of FP and reproductive health hope BKKBN will now be prepared to spend more political capital on promoting the reproductive rights of *all* Indonesians, and on facilitating the expansion of services to reach the currently underserved.⁶

POPULATION AND FAMILY PLANNING POLICY IN THE LONG TERM (2005—2015)

Government-sponsored national FP programs have finite life-spans. 'Family planning programs, like the fertility transition that they have helped to drive, will be a transient phenomenon' (Caldwell et al. 2002: 1). During the long-term – perhaps towards the end of the 2005—2015 period – the Government may want to plan a phase out of much of its program support for FP services, except for the poor and other vulnerable groups, or in areas where there is still a clear need (Jones and Leete 2002). That does not mean the Government then has no further role to play: it will still be required to develop national FP policy and guidelines, to protect people's reproductive rights, to monitor districts' performance of essential FP/RH services, to ensure satisfactory

⁵ BKKBN uses a definition of reproductive rights which begins by affirming that 'reproductive rights are part of human rights which are universal,' but then negates this by closing the definition with a restriction, 'so long as they are not in conflict with religion, cultural norms, local customs, or existing laws and regulations of the Republic of Indonesia.' This definition was inserted in the September 2003 DPR draft of the new Population Law (a much-amended version of Law 10 of 1992) (DPR 2003, Art. 1.9).

⁶ See Hayes, Lewis and Vogel (2003) for more thoughts on the future functions of BKKBN.

quality standards are followed by service providers in all parts of the country, etc. The Government will still want to monitor fertility behavior, and perhaps do what it can to make sure that fertility in Indonesia does not eventually fall too far below replacement, as it has in some Asian societies as well as in most developed countries⁷ (Gubhaju and Moriki-Durand 2003; Prachuabmoh and Mithranon 2003; Morgan 2003).

Phasing out the national FP program (at least in anything like its current incarnation) does not mean the end of population policy (Demeny 2003; Harbison and Robinson 2003), but rather a freeing up of resources to address other urgent population concerns. As the need for government-provided FP services diminishes there will still be other reproductive health issues that the Government needs to address, to ensure people can enjoy optimal reproductive health and exercise their reproductive rights. Moreover there will still be many other population development issues aside from fertility behavior requiring urgent attention (as indeed there are today). An appropriate Government apparatus for developing and harmonizing effective population policies still needs to be developed and put in place – perhaps a new Ministry of Population and Family Planning, as envisioned in the proposed new Population Law (DPR 2003).⁸

During the long term (2005—2015) the key objectives of population policy must be to harmonize all the main aspects of population development with the principles of sustainable development, and to improve quality of life for all citizens. The Government should consider⁹:

- Continuing monitoring fertility behavior and consider family-friendly interventions to ensure a ‘soft landing’ at replacement-level and prevent fertility falling too low.
- Making sure all population-related policies developed by line ministries are consistent with the demographic realities of the country.
- Assessing the effects of sectoral policies on demographic processes, and introducing corrective measures where ‘unintended consequences’ are found to be negative.
- Assessing the medium and long term consequences of demographic trends for development, and introducing policies to influence those trends where appropriate; these trends include not just fertility, mortality and migration, but

⁷ Fourteen countries in Asia now have a TFR at or below replacement level (Gubhaju and Moriki-Durand 2003).

⁸ The RUU envisages a new ministry to be put in place as soon as possible, but perhaps by 2015 the reference to family planning in its title will no longer be necessary. BKKBN, as currently constituted, is not equipped to handle population policy as a whole satisfactorily, but it is worth noting Knowles’ (n.d.: 1) recommendation that as Government support for FP is phased out the ‘unique organizational resources’ of BKKBN not be lost, and they could therefore perhaps appropriately be used to further other aspects of population development.

⁹ This list is highly tentative: there is almost no discussion of population policy for the long term in Indonesia at present.

also poverty status, employment, family patterns, age structure, place of residence, social composition of the population, etc.

- Phasing out most financial support for the national FP program, except where the program is still needed for the poor and other vulnerable groups, or in areas where the practice of FP is still low; and reallocating the resources saved to other population-related programs designed to improve family welfare and the quality of the population.

CONCLUDING REMARKS

This is a critical period for family planning and population policy in Indonesia. Policy makers need to reflect on how family planning and population policy can be better aligned with the nation's development goals and changing priorities, especially poverty reduction and sustainable development. The past success of the national FP program means that the population is approaching the advanced phase of its demographic transition, but recent data confirm that although the CPR is relatively high it has 'plateaued' while there is still considerable unmet need. The program also faces additional challenges of Government budget constraints and decentralization. This is no time for complacency.

To complete the demographic transition may require a new approach, developing appropriate policies for the short term, medium term, and long term, simultaneously. For the short term, access to quality FP services needs to be improved; for the medium term, an appropriate policy environment for sustaining replacement-level fertility needs to be established; and for the long term, a new holistic approach to population policy needs to be developed, where FP is viewed as one component along with others and no longer needs to be treated as dominant. The formulation of appropriate measures requires the participation of all key stakeholders, working together with the Government to correct the current shortcomings in national policy regarding population and family planning. We may recall Kofi Annan's (1999: 1-2) remark, 'we have all learned that every society's hopes of social and economic development are intimately linked to demography'.

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